



Case Review:

Adolescent Idiopathic Scoliosis with a 65° curve

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Scoliosis and Spinal Deformity Surgery

Patient History

- 14-year-old female
- Adolescent Idiopathic Scoliosis
- Lenke 1AN curve
- 65° Progressive curve
- Failed bracing
- The patient has a right rib hump 2 cm

Pre-op X-rays



Indications for Surgery

- Progressive 65-degree Lenke 1A in curve.
- Failure of conservative therapy.
- Low back pain.

Surgical Strategy

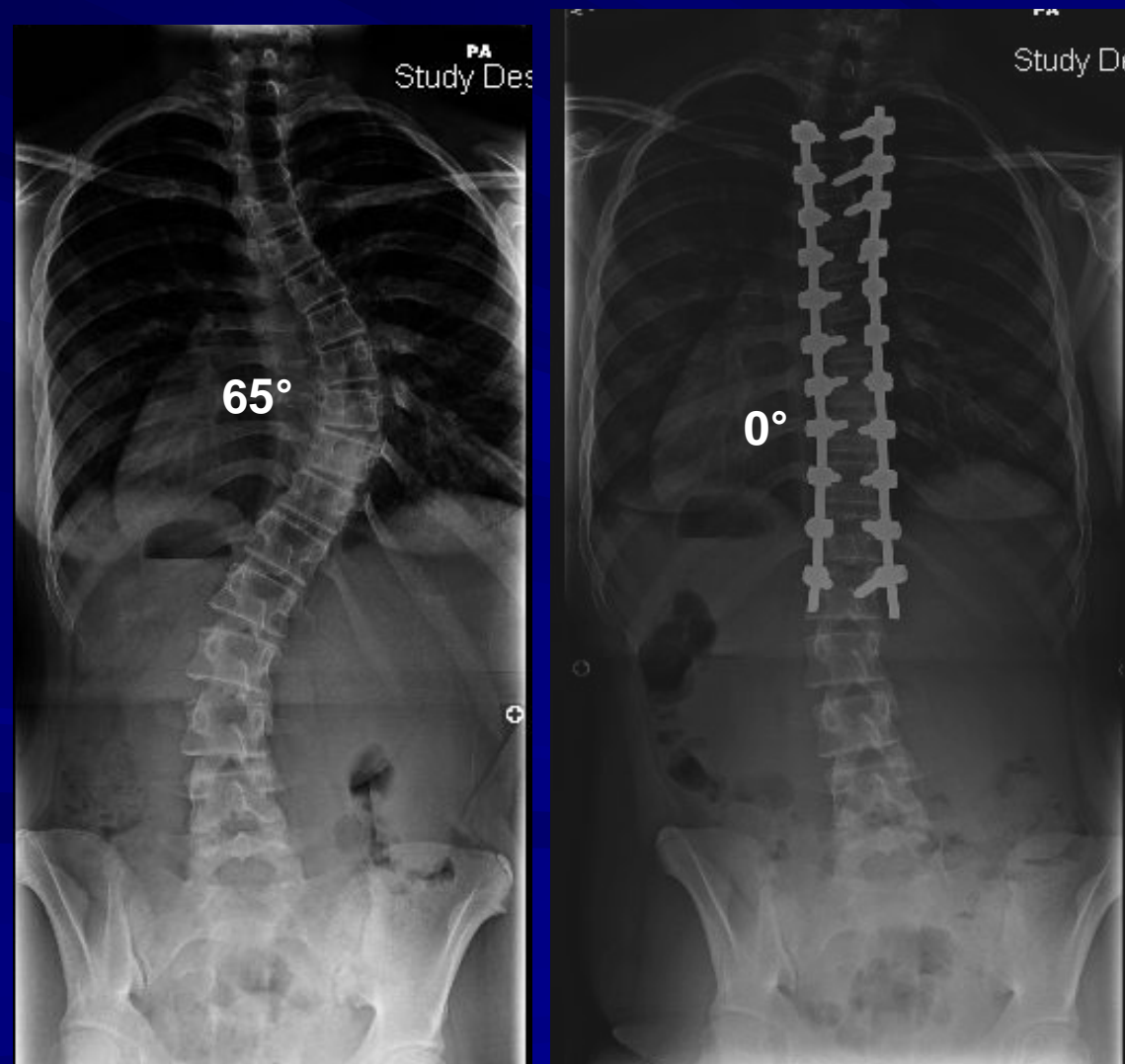
- Segmental spinal instrumentation, thoracic 3 to lumbar 1 using CD Legacy 5.5 stainless steel pedicle screw rod construct.
- Radical facetectomy, multiple level osteotomy T4-T12 with removal of facet and joints bilaterally.
- Posterior spinal fusion, thoracic 3 to lumbar 1 using locally harvested autogenous bone, spinous processes, facetectomy and dorsal lamina mixed with allograft bone.
- Intraoperative somatosensory-evoked potential (SSEP) and motor- evoked potential interpretation.
- Intraoperative fluoroscopy interpretation.

Post-Op Films



At the time of operation resolution of the thoracic rib hump on derotation was noticed, therefore, a thoracoplasty was avoided

Pre-Op/Post-op Comparison



X-rays show almost complete correction of the scoliosis from 65° to 0° with excellent balance. The patient is doing well.

Cosmetically, she has had an excellent result.

Pre-Op/Post-op Comparison

