

Case Review:

Adult Idiopathic Scoliosis, Double Curvature

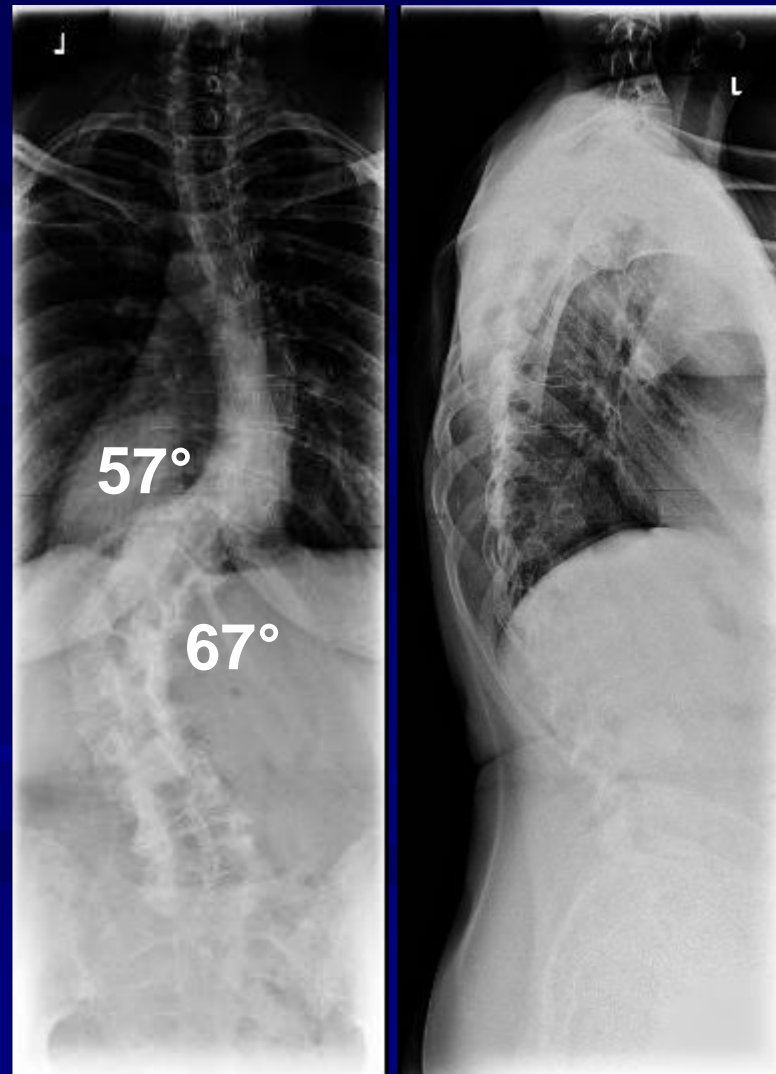
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Patient History

- 54-year-old female.
- Adult Idiopathic Scoliosis.
- Her height has been decreasing.
- She has low back and upper back pain.
- Status post anterior interbody fusion of the cervical spine.
- Fibromyalgia, Epstein-Barr, chronic fatigue syndrome.
- She has a combination of low back and leg pain.

Pre-op X-rays



- Double curve that measure 57° thoracic, 67° lumbar
- She is significantly rotated

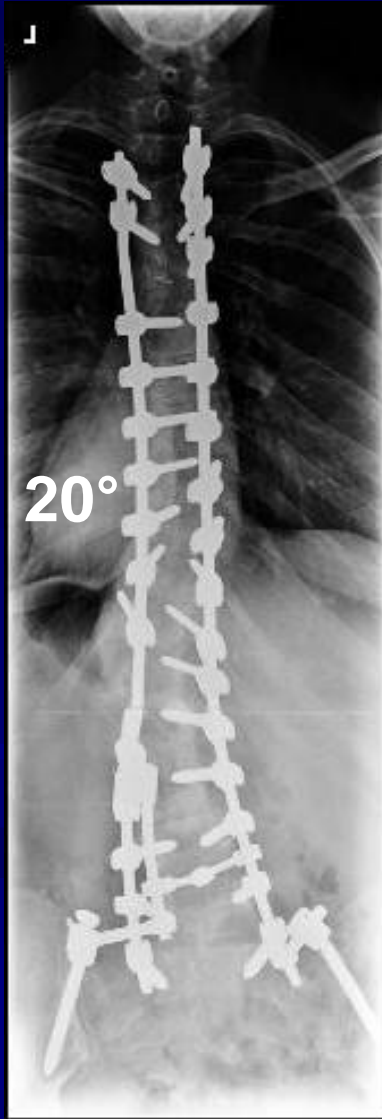
Indications for Surgery

1. Progressive adult idiopathic scoliosis, 57° thoracic, 67° lumbar.
2. Significant low back and leg pain due to the above diagnosis with lateral recess neural foraminal stenosis.
3. Multiple co-morbidities including fibromyalgia, Epstein-Barr, and chronic fatigue syndrome.
4. Failed conservative therapy.
5. Frontal and sagittal plane decompensation.

Surgical Strategy

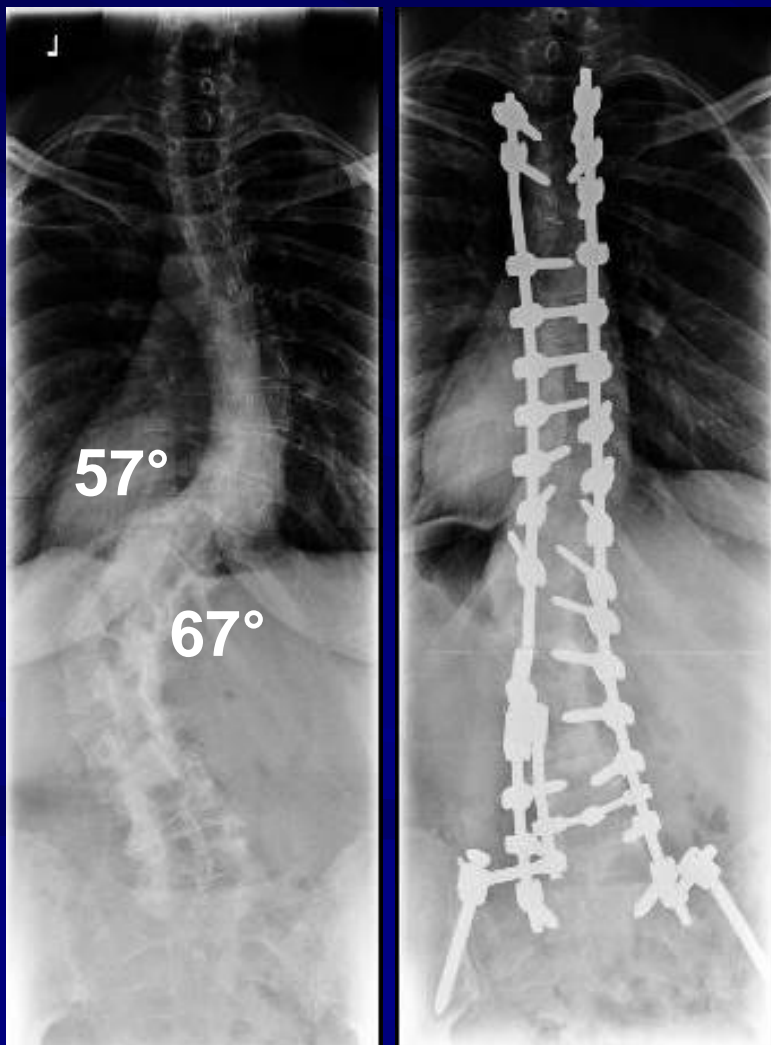
1. Segmental spinal instrumentation, thoracic 3 to sacral pelvis using CD Legacy pedicle screw-rod construct. This is a 15 level spinal fusion for adult idiopathic scoliosis.
2. Posterior spinal fusion, thoracic 3 to sacral pelvis using locally harvested autogenous bone and rhBMP.
3. 12-level spinal osteotomy with Smith-Peterson osteotomy, bilateral lateral facet resections for mobilization of adult idiopathic curve.
4. Interlaminar decompressions for lateral recess stenosis, Lumbar 1- 2, 2-3, 3-4, 4-5, and 5-1, bilaterally.
5. Intraoperative somatosensory-evoked potentials and motor-evoked potentials.
6. Intraoperative fluoroscopy.
7. Placement of Mayfield tong pin fixation for mobilization and positioning.

Post-Op Films



- The patient is doing quite well. She has no significant complaints of pain.
- Her headaches have significantly reduced.

Pre-Op/Post-op Comparison



The patient is well-balanced in the frontal and sagittal plane. There is no appearance of hardware pull-out, and we are quite satisfied with her result.

Pre-Op/Post-op Comparison

