

Congenital scoliosis

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This is caused by vertebral anomalies that produce a frontal plane growth asymmetry. The anomalies are present at birth, but the curvature may take years to be clinically evident. Close observation of spinal growth is required until skeletal maturity is reached. Brace treatment is ineffective for the primary structural curves, which are often short and rigid, but it may have a role in the control of compensatory curves. For progressive curves, surgical options include growing rod constructs such as magnetically controlled growing rod procedures, hemivertebra excision, correction and fusion or posterior instrumented correction and fusion. Summary box 37.8 Spinal deformity /uni25CF /uni25CF /uni25CF Eduardo Luque, contemporary, professor, Shriners Hospital for Crippled Children, Mexico City, Mexico. Holger Werfel Scheuermann, 1877-1960, radiologist, Municipal Hospital, Sundby, Copenhagen, Denmark, described juvenile kyphosis in 1920.

Early-onset idiopathic scoliosis (<8 years old) has the potential to impair lung function

Neuromuscular scoliosis: timely surgery may prolong life

Congenital scoliosis: rigid curves do not respond to brace treatment

Early-onset idiopathic scoliosis.

The anteroposterior standing radio

(a) demonstrates a Cobb angle of 98° and dextrocardia. This 34-month- (b) , without fusion to correct the spinal (c, d) .

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