

Kyphosis

Kyphosis

When a kyphosis exceeds the normal 20–50° the cause may be postural or structural. Scheuermann's disease presents as a progressive structural adolescent kyphosis characterised radiologically by >5° vertebral wedging at three adjacent levels with end-plate changes. The aetiology is unknown. Treatment ranges from physiotherapy and bracing to surgery . William Adams , 1820–1900, described the forward bending test for scoliosis in 1865. John R Cobb , American surgeon, wrote a paper in 1948 on how to measure the angle on a radiograph in scoliosis. Holger Werfel Scheuermann , 1877–1960, radiologist, The Municipal Hospital, Sundby , Copenhagen, Denmark, described juvenile kyphosis in 1920. - Summary box 44.16 Scoliosis /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Figure 44.34 Anteroposterior radiograph of the spine demonstrating multiple congenital vertebral anomalies including hemivertebrae. The arrow points to one of the congenital vertebral anomalies. Figure 44.35 Clinical photograph of the Adams forward bend test that demonstrates the

presence of a rib hump on the right and a promi

nence of the lumbar paravertebral muscles on the left. Multiplanar deformity includes a rotational component Aetiology may be congenital (underlying bony malformation), neuromuscular, syndromic or idiopathic A leg length discrepancy causes a postural scoliosis Adolescent idiopathic scoliosis is the most common structural scoliosis Back pain associated with scoliosis may be due to infection or tumour Treatment depends on the severity and likelihood of curve progression - it varies from observation, through bracing to surgery

Figure 44.36 Posteroanterior radiograph of a spine with a scoliosis (right thoracic), with a Cobb angle of 40°.

Kyphosis

When a kyphosis exceeds the normal 20–50° the cause may be postural or structural. Scheuermann's disease presents as a progressive structural adolescent kyphosis characterised radiologically by >5° vertebral wedging at three adjacent levels with end-plate changes. The aetiology is unknown. Treatment ranges from physiotherapy and bracing to surgery . William Adams , 1820–1900, described the forward bending test for scoliosis in 1865. John R Cobb , American surgeon, wrote a paper in 1948 on how to measure the angle on a radiograph in scoliosis. Holger Werfel Scheuermann , 1877–1960, radiologist, The Municipal Hospital, Sundby , Copenhagen, Denmark, described juvenile kyphosis in 1920. - Summary box 44.16 Scoliosis

Figure 44.34 Anteroposterior radiograph of the spine demonstrating multiple congenital vertebral anomalies including hemivertebrae. The arrow points to one of the congenital vertebral

anomalies. Figure 44.35 Clinical photograph of the Adams forward bend test that demonstrates the presence of a rib hump on the right and a promi

nence of the lumbar paravertebral muscles on the left. Multiplanar deformity includes a rotational component Aetiology may be congenital (underlying bony malformation), neuromuscular, syndromic or idiopathic A leg length discrepancy causes a postural scoliosis Adolescent idiopathic scoliosis is the most common structural scoliosis Back pain associated with scoliosis may be due to infection or tumour Treatment depends on the severity and likelihood of curve progression - it varies from observation, through bracing to surgery

Figure 44.36 Posteroanterior radiograph of a spine with a scoliosis (right thoracic), with a Cobb angle of 40°.

Kyphosis

When a kyphosis exceeds the normal 20–50° the cause may be postural or structural. Scheuermann's disease presents as a progressive structural adolescent kyphosis characterised radiologically by >5° vertebral wedging at three adjacent levels with end-plate changes. The aetiology is unknown. Treatment ranges from physiotherapy and bracing to surgery . William Adams , 1820–1900, described the forward bending test for scoliosis in 1865. John R Cobb , American surgeon, wrote a paper in 1948 on how to measure the angle on a radiograph in scoliosis. Holger Werfel Scheuermann , 1877–1960, radiologist, The Municipal Hospital, Sundby , Copenhagen, Denmark, described juvenile kyphosis in 1920. - Summary box 44.16 Scoliosis /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Figure 44.34 Anteroposterior radiograph of the spine demonstrating multiple congenital

vertebral anomalies including hemivertebrae. The arrow points to one of the congenital vertebral anomalies. Figure 44.35 Clinical photograph of the Adams forward bend test that demonstrates the presence of a rib hump on the right and a promi

nence of the lumbar paravertebral muscles on the left. Multiplanar deformity includes a rotational component Aetiology may be congenital (underlying bony malformation), neuromuscular, syndromic or idiopathic A leg length discrepancy causes a postural scoliosis Adolescent idiopathic scoliosis is the most common structural scoliosis Back pain associated with scoliosis may be due to infection or tumour Treatment depends on the severity and likelihood of curve progression - it varies from observation, through bracing to surgery

Figure 44.36 Posteroanterior radiograph of a spine with a scoliosis (right thoracic), with a Cobb angle of 40°.

Revision #1

Created 2025-12-31 15:16:47 UTC by Omar Ayman

Updated 2025-12-31 15:16:47 UTC by Omar Ayman