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Spinal Deformity:
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and Surgical Treatment -
Part I Surgical Treatment
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~~procedure. 2 level fusion~~

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different age groups and take into consideration the extent of the curve at the time of diagnosis and during follow-up, the patient ' s stage of bone growth, the amount of pain and deformity ...

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...

The surgical techniques in CP scoliosis have progressively evolved from the classic Luque-Galveston fixation methods, the use of unit rods, and lately the use of pedicle screws, to modern sacropelvic fixation. With the latter method, the spinal deformity in patients

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with CP can usually be almost completely corrected.

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The general objectives for surgery in an adult with spinal deformity include improving associated pain and dysfunction

while reducing the risks of complications and reoperations.^{5, 12, 13}

Surgical goals focus on restoring sagittal balance.

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adult spinal deformity:

Indications ...

Abstract Background

Patients with spinal cord

injury without

radiographic abnormality

(SCIWORA) are prone

to develop spinal

deformities. The purpose

of this study is to report

on the clinical and r...

Surgical management of

post-SCIWORA spinal

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deformities in ...

Surgery for spinal deformity was not deferred because of the avulsion fracture. A PSF and SSI between T9 and S1 was performed using pedicle and iliac screws (Figs. 3 a through through3f). 3 f).

Complete three-dimensional correction was achieved by multiple lumbar chevron

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osteotomies, all pedicle screw fixation, and direct vertebral rotation maneuvers.

Surgical management of post-SCIWORA spinal deformities in ...

The initial surgery was C-1 laminectomy with occipitocervical fusion (OCF) followed by halo external fixation in 5 cases, OCF alone in 1

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case, and C-1 laminectomy alone in 3 cases. Three children required additional surgery.

Surgical management of cervical spine deformity in ...

Surgery of the cervical spine requires special attention to the intraoperative positioning (sitting

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position) and anesthetic management. • To provide an adequate decompression, complete removal of the spinous process of C7, together with the majority of the spinous processes of C6 and T1, and the pedicle of C7 should be performed. •

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Ankylosing Spondylitis:

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However, bracing has been found to reduce thoracic hyperkyphosis, ranging from 55 to 80 ° in adolescents. In patients over the age of 60, bracing improves the balance score, and reduces spinal deformity and pain. Surgery is indicated in adolescents and adults in the presence of progression

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of kyphosis, refractory
pain and loss of balance.

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A high incidence of
spinal deformities is
associated with

thoracolumbar MMC.

- The dual growing rod technique is safe and effective in cases of moderate neuromuscular spinal deformities at an early age. •

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Kyphectomy is the surgery of choice in cases with rigid MMC-related kyphosis, but it is associated with numerous complications, including skin and wound infection, nonfusion, and others.

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