



Degenerative scoliosis

Cause

Degenerative scoliosis occurs in adults. It is generally due to the uneven collapse of the discs and facet joints in the lumbar spine, resulting in slipped vertebra and a crooked spine. Standing can exacerbate the condition, which becomes increasingly apparent from the age of 50 years.

Diagnosis

Adults who have been diagnosed as a child can find that their scoliosis re-occurs in later life. This reappearance tends to be in the later years when bone density diminishes, alongside secondary conditions such as arthritis and osteoporosis. In adults, bones are fully grown so that the curvature an individual will present to a specialist and the age at which they are seen will give clearer indicators of what course of action the specialist will recommend. Sometimes a person develops scoliosis in their elderly years with no knowledge of having the condition.

Diagnosis is made from history, examination and investigations. Some spinal abnormalities in adults may be very obvious, especially if there is imbalance. Others may be very subtle, and yet clinically important, and are often missed on investigations such as MRI. Standing X-rays are therefore the main diagnostic method in adult scoliosis.

Treatment

Degenerative scoliosis is a curve that worsens as the years go by. Without medical treatment, progressive scoliosis can cause:

- constant back pain
- inflammation of the bones of the back (vertebrae)
- breathing difficulties when the ribcage is compressed
- injury to the heart and lungs caused by deformities of the ribcage
- susceptibility to chest infections such as pneumonia
- problems with pregnancy (with severe curvatures) because of the increased load on the already compromised spine
- increased risk of bone loss
- physical disability that may prevent working and impair quality of life
- increased risk of osteoporosis in later life

Adults under age 30 years are usually managed in much the same way as adolescents, although their curvatures are often a little stiffer than in a younger person, such that correction will not be as good. Adults over age 40, who are less resilient and whose spines have undergone degenerative changes, have less predictable results. Any surgery is usually undertaken for pain rather than for the curvature itself, although that may well be improved. The scoliosis specialist will discuss the risks and benefits of the operation with individual patients.

Prognosis

Despite being older there is no reason why something cannot be done about the pain created by a spinal abnormality. Through non-invasive or surgical treatment, managing a curvature is now achievable at any age and there should be no reason for someone to be in pain unnecessarily. It is always worth consulting a scoliosis specialist who can advise you on a case by case basis.