



Late onset (Adolescent) Idiopathic Scoliosis

Cause

Much research is directed toward identifying the cause of late onset scoliosis, but so far there are no well accepted causes for this particular type of scoliosis. Almost all patients are otherwise healthy and have no previous medical history.

Diagnosis

The most common age group at which scoliosis develops is adolescence. At this time scoliosis can be difficult to spot since it is at the time of life that young people dress in baggy clothes and hide their bodies from their parents. A quick forward bend test will screen out almost all potentially troublesome curvatures. The test is very easy to do and children should be examined bare-backed and with the child bending over from the waist while keeping the legs and arms straight and the palms together. From the rear, a clear rib bulge will be visible if the child has scoliosis. A common sign of the problem is one shoulder blade being more prominent than the other, with the child tending to lean a little to one side. Also, the hips may be uneven. The condition will not go away as the child gets older, and the earlier the scoliosis is detected and treated, the better for the patient. If a curvature is suspected, a visit to the GP is advised, who will look at the child's back. If a curvature is confirmed, referral to a scoliosis specialist is necessary. This is not an emergency condition, but an outpatient waiting time of more than 4-6 months is undesirable.

Treatment

If a curvature is suspected then the typical procedure for the commonest scoliosis is as follows.

- Monitoring

The specialist may recommend keeping an eye on the curvature every 4-6 months during the period of growth until the skeleton is mature, to ensure that the curve does not increase. If the curve is increasing and is greater than about 20 degrees from the vertical (0 degrees is straight) the specialist might recommend bracing.

- Bracing

There are several different kinds of braces commonly prescribed for children and adolescents with scoliosis. Each is typically constructed of modern plastic materials, often with a choice of transfer designs to customise them, and is contoured specifically to the child's body, with strategically placed padding and straps that place resistance as needed on particular spinal curve(s).

A skilled brace maker called an orthotist will individually fit the brace, and one or two visits may be necessary to make it as comfortable as possible. Braces are normally worn 23 hours a day after a preliminary period. They are generally removed only for washing and special occasions. Towards the end of the treatment they may be worn only at night. Again, the specialist will advise the patient.

- Surgery

The decision as to whether surgery is advised is always taken on an individual basis after discussion between the parents, the scoliosis specialist, and most importantly, the patient. Teenagers in particular need to be involved in such a major decision so that they retain

some control over their treatment, which helps to reduce their anxieties. The advice that surgery should be considered can come as a considerable shock for the child and the family, which makes it difficult to think rationally at the time of the consultation with the specialist. Sometimes unanswered questions come to mind after the consultation. The best approach is to write down such questions so that at the next consultation the patient and family will remember to discuss these matters. Families can also call SAUK so that we can help clarify matters and attempt to answer forgotten questions or anything that they are unclear about. Patients and their families should have as full an understanding as possible of what is involved, both before and after surgery. If everyone is working together, anxiety and stress are greatly reduced. Serious complications such as paralysis are very rare (less than 1%). There is usually accommodation at the hospital for at least one parent who can be with their child.

For further information on what to expect from your stay in hospital and scoliosis surgery, download the online info sheet in the 'About scoliosis' section.

Prognosis

Modern treatment techniques for late onset idiopathic scoliosis are very successful. How well an individual patient responds depends mainly on the size of the curve on diagnosis and the patient's compliance with treatment.