

Adult Degenerative Scoliosis

Adult degenerative scoliosis is divided into two categories.

Degenerative scoliosis happens to an adult who has had a history of scoliosis. The spine starts to show wear and tear due to age. This wear and tear can cause the spine to collapse, causing the curve to increase.

De novo (new) scoliosis first appears in adulthood, due to wear and tear. Again in this case, this can result in a curve of the spine.

In both cases adult degenerative scoliosis is typically diagnosed after an adult reaches the age of 50.



Cause

Over time in adult degenerative scoliosis the facet joints and discs can degenerate. The pressure created by this degeneration can cause the spine to curve.

The **facet joints** are small joints between each of the vertebrae in your spine. Joints are the places in the body where two bones meet. The facet joints are the joints in your spine that make your back flexible. They also enable you to bend and twist.

Discs are a part of the spine. They are round and flat on the top and bottom and are slightly flexible. They stop your vertebrae from rubbing against one another. They also work like shock absorbers for the spine. Injury to, or degeneration of discs can lead to lower back pain and leg pain and can also cause numbness and weakness.

Because the facet joints and discs are affected adults can experience back pain, weakness in legs and/or feet and a loss of flexibility.

Diagnosis

The specialist will take a full history, talk to you about any pain and discomfort you are experiencing. They will want to examine your back to see if there is a visible curve or if one shoulder is higher than the other. Investigations may include one or more of the following:

- A standing X-ray which will show the curve of the

Continued overleaf

spine

- A CT scan (computed tomography scan) which produces detailed images of many structures inside the body, including the internal organs, blood vessels and bones
- An MRI scan (Magnetic resonance imaging) which uses strong magnetic fields and radio waves to produce more detailed pictures of the spine. This helps check that there are no problems with the spinal cord and the development of the nerves.

a scoliosis specialist who can advise you on a case by case basis.

Without surgery, often curves that are 50 degrees or more in size after a person is fully grown may increase by an average of 1 degree per year. Curves of less than 30 degrees rarely get bigger.

If you are unsure of any the terms used in our information sheet please check out our definition sheet or contact us at info@sauk.org.uk

Treatment

Non-surgical interventions

Most patients with adult degenerative scoliosis are given non-surgical treatment. These treatments may include anti-inflammatory drugs for pain relief, physiotherapy for improving overall mobility, and low impact exercises to improve strength. If the medications and therapy do not work, steroid or local anaesthetic injections in the muscle, joints, or spinal canal may help with pain.

Surgical intervention

If these treatments do not work, a scoliosis specialist may talk to the patient about the risks and benefits of surgery. The aim of surgery is to relieve pain and correct the changes in posture or balance that occur. Surgery for adults is more challenging than for young people as adults may have other health concerns. Recovery can also take longer.

Prognosis(outcome)

The pain created by a spinal curve can be treated in lots of different ways. It is always worth going to see

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Helpline: 020 8964 1166
Registered Charity No. 285290

4 Ivebury Court, 325 Latimer Road
London W10 6RA
E: info@sauk.org.uk
W: www.sauk.org.uk
[f](https://www.facebook.com/ScoliosisAssociationUK) ScoliosisAssociationUK
[t](https://twitter.com/ScoliosisUK) @ScoliosisUK



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