

Oral Presentation

Complications of Surgical Treatment of Adult Scoliosis

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Introduction

With the increase in global life expectancy, the number of patients presenting with progressive spinal deformities is also on rise. The increasing frequency of surgical intervention as a treatment of this group of patients is associated with many complications and also with increasing rate of reoperation.

Methodology

Seventy-two cases of adult scoliosis were treated surgically in Ain Shams spine unit with a minimum follow-up of five years (average, 76 months). Preoperative clinical and radiological evaluation was done, with special emphasis on the degree of pains (back and leg), Oswestry Disability Index (ODI), scoliosis angle, lumbar lordosis, any instability, and the level of spinal canal stenosis needing decompression. The pelvic incidence was measured preoperatively to plan the amount of lordosis needed to be restored.

Result

The mean preoperative scoliosis angle was $22 \pm 10.4^\circ$ (16 to 34°) and the mean preoperative lordosis angle was $20.3 \pm 12.7^\circ$ (-15 to -28°). The mean preoperative ODI score was 54.7 ± 5.5 , and the mean postoperative scoliosis angle improved to 7.4 ± 3.3 . The mean postoperative lordosis angle became 37.3 ± 8.6 , and the mean postoperative ODI score was 21.3 ± 3.8 .

Conclusion

The list of complications included seven cases of pseudoarthrosis and screw loosening, adjacent segment fracture in nine cases, and one case of spondylodiscitis at a level just proximal to the fused level. These 17 cases needed reoperations (24%). Additionally, there were five cases of dural tear, prolonged graft side pain in one case, and two cases of superficial wound infections.

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