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Q: My sister's pre-teen son was recently diagnosed with scoliosis. Does scoliosis affect boys as well as girls, and are there different types of it?

A: Scoliosis is a disorder of the spine, resulting in an unnatural curve, or deformity, in which the bones that make up the spine (called "vertebrae") curve. Everyone's spine has natural curves, but, viewed from behind, a normal spine is a fairly straight line. On an X-ray, the spine of a person with scoliosis typically resembles a large S or a C. Scoliosis is most frequently diagnosed in children, especially those approaching adolescence. Yet, children are not the only ones with this disorder; adults also suffer from spinal curves which were either overlooked or left untreated when they were adolescents. Using current technology, spine surgeons can correct adults' scoliotic spines, too.

The most common form of this condition, Idiopathic Scoliosis, affects more girls than boys. According to the National Institutes of Health, three to five of every 1,000 children develop spinal curves that are serious enough to warrant treatment, and girls suffer from scoliosis four times more frequently than do boys. It is important to make a diagnosis of scoliosis at the youngest age possible. This permits initiation of bracing, when necessary, at an earlier age, attempting to minimize the deformity for the long term.

Spinal curves in patients diagnosed with Idiopathic Scoliosis show accelerated progression during the child's adolescent growth spurt. The cause of the curvature is still largely unknown. Genetics certainly play a role; scoliosis tends to run in families. All patients with scoliosis, or suspected scoliosis, should be examined thoroughly by a physician, who measures the curvature of the spine. Those requiring medical intervention are often fitted for a brace to stop the curve from worsening. Should the curve continue to progress, then surgery can be considered. Years ago, scoliosis surgery would often involve a 10 to 14 day hospitalization and the child would be casted for a period of several months. Now, children are hospitalized for less than one week



and in many cases do not require a brace after surgery. Surgery, when necessary, has the positive effect of preventing progression of the curve, improved self-image, balanced posture, and improved function.

Current technology also has permitted the correction of larger adult curves which were either missed or left untreated as an adolescent. It is vital to consult with a board-certified fellowship trained orthopedic surgeon who specializes in scoliosis surgery, and who is currently utilizing state-of-the-art techniques. Advances in surgery have significantly brightened the prognosis in the treatment of scoliosis.