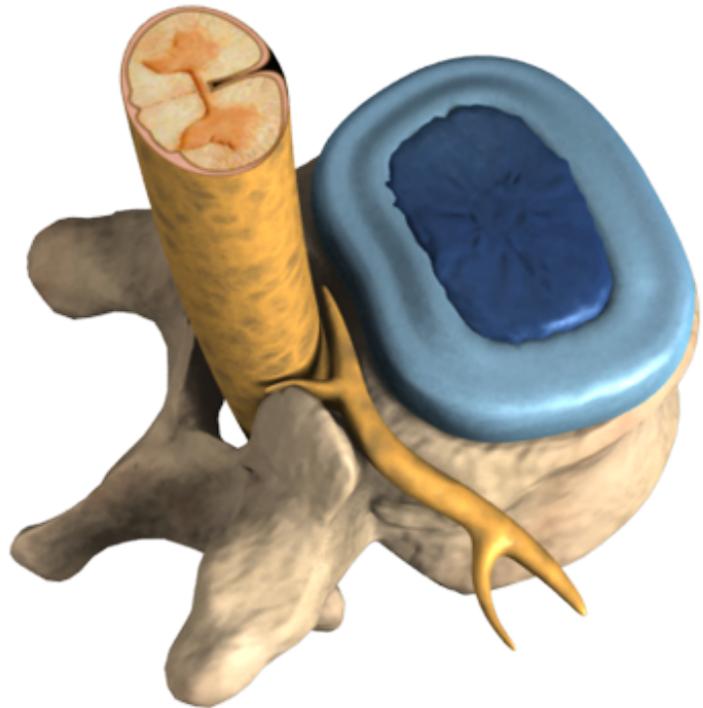
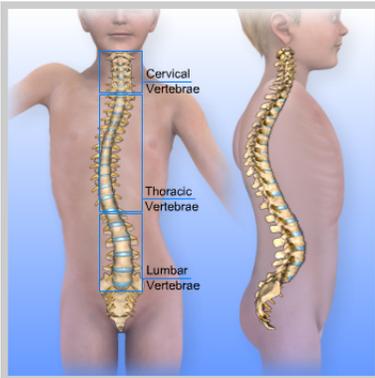


Scoliosis

Scoliosis is an abnormal curvature of the spine. A condition known as idiopathic (cause unknown) scoliosis is most common in young adolescent females though it also occurs in boys. This form of scoliosis sometimes progresses slowly and may not be detected until a person is an adult. Scoliosis has a genetic component and frequently runs in families. Certain neuromuscular disorders such as muscular dystrophy can also cause scoliosis. Additionally asymmetric degeneration of the discs between vertebrae can cause scoliosis, particularly in adults.





Introduction

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Symptoms

A typical spine, viewed from the side, has an elongated S-shape with the upper back curved outward and the lower back curved inward. The principal symptom of scoliosis is an abnormal curvature viewed from behind, most frequently in the upper back. One hip may be higher than the other, the shoulders and hips may be uneven, and one shoulder blade frequently appears more prominent than the other. The spine may also be rotated in from its normal position, causing the ribs on one side to be more prominent. Small curves usually cause no pain, but extensive curvature may cause back pain, breathing problems, and severe deformity.



Causes

The cause of idiopathic scoliosis is unknown, but a family history of scoliosis increases the risk. Contrary to some beliefs, scoliosis is not caused by poor posture or carrying loads on the back. Adult onset scoliosis is typically caused by asymmetric disc degeneration where one side of the spine experiences degenerative conditions more than the other.



Summary

In idiopathic scoliosis, the abnormal curve usually causes no pain, but deformity of the back may be noticed by family members. Regular screening by a health care practitioner can often detect curves while they are still small. Adult onset scoliosis due to asymmetric disc degeneration is typically associated with pain and stiffness. Treatment of idiopathic curves generally involves preventing the curve from becoming worse with a brace. Where there is an extensive curve or a high likelihood of the curve progressing, surgery can be done to correct as much of the curvature as possible and fuse the spine to prevent future problems.