



Swiss Scoliosis

Centre for spinal and scoliosis surgery
Zentrum für Chirurgie der Wirbelsäule und Skoliose

Kyphosis





Abb. 1

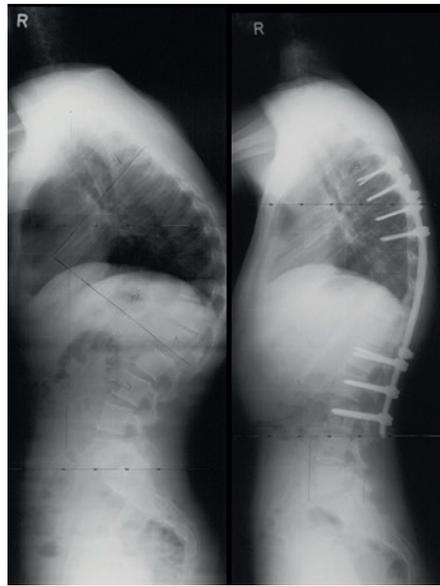


Abb. 2



Kyphosis

In a kyphosis the spine is bent forward

Causes

A pathological kyphosis can be the result of

- *Scheuermann disease (Adolescent round back of unknown aetiology)*
- *Fractures (Trauma, Osteoporosis)*
- *Rheumatic diseases (Ankylosing spondylitis)*
- *After previous spinal fusion operations (Iatrogenic Kyphosis)*
- *Degeneration of the spine*

In present day Kyphosis due to severe degeneration of the spine and due to previous spinal fusion operations are most frequent problems.

Symptoms

Only a few patients with Scheuermann disease complain of pain. The problem is mostly the cosmetic deformity (Fig.1).

The patients with a kyphosis after previous spinal fusion operations or kyphosis cause by severe degeneration usually have severe pain, not only in the back but also pain and tiredness in the legs as they struggle to stand upright.



Abb. 3

Treatment

A non-operative treatment is usually not effective for a painful kyphosis.

Operation

A kyphosis operation is usually carried out from the back. The screws are inserted into the vertebrae and the kyphosis is corrected with the use of 2 rods (Fig.2). A severe iatrogenic kyphosis of the lumbar spine usually needs an osteotomy in one vertebra so that a sufficient correction can be out with an implant. The aim of the operation is to balance the spine so that the patient can stand upright again (Fig.3).

Operation risks

Following risks apply to all spinal operations generally:

Injury of nerves and spinal cord leading to paralysis, numbness, disturbance of bladder and bowel function. Injury of so called sympathetic and parasympathetic nerves can lead to digestive problems, changes in temperature sensation, changes in blood circulation and sweating in extremities, as well as disturbance of sexual function. A disturbance of blood circulation to spinal cord can also lead to all the consequences mentioned above. The overall neurological risk is estimated to be less than 1% in scoliosis operations. Chronic pain, breakage or loosening of implants, infection, and failure of bony healing also belong to the risks.

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