

Procedure aids severe, rigid scoliosis in low-weight adults

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For patients with severe and rigid scoliosis and low body weight, a two-stage vertebral column resection procedure with posterior pedicle screw instrumentation can achieve good correction of scoliosis, according to a study published online Aug. 20 in *The Spine Journal*.

(HealthDay)—For patients with severe and rigid scoliosis and low body weight, a two-stage vertebral column resection (VCR) procedure with posterior pedicle screw instrumentation can achieve good correction of scoliosis, according to a study published online Aug. 20 in *The Spine Journal*.

Chunguang Zhou, Ph.D., of the West China Hospital of Sichuan University, and colleagues conducted a prospective, longitudinal, descriptive study involving nine women and seven men with severe and rigid scoliosis and low body weight (average weight, 33.8 kg) who were treated with a two-stage VCR procedure with posterior pedicle screw instrumentation. The patients were followed up for a minimum of two

years.

The researchers found that the mean operating time was 580.3 minutes and the average blood loss was 1,581.3 mL. Rib hump and lumbar hump correction rates were 77 and 85 percent, respectively. At the most recent follow-up, the preoperative main thoracic curve of 101.7 degrees with a flexibility of 12.5 percent was corrected to 31.9 degrees, representing a 68.9 percent correction of scoliosis. One patient required [ventilator support](#) for 12 hours following surgery, and a malpositioned pedicle screw was found in a second patient. There were no [neurological complications](#) or deep [wound infections](#) and no complication of instrumentation at the final follow-up.

"For patients with severe and rigid scoliosis and low body weight, two-stage VCR surgery is a good option, but it is not a perfect procedure," the authors conclude.

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