

Anjali Singh (20 yrs, Female)

Date of Admission : 03-05-2010

Date of Surgery : 05-05-2010

Date of Discharge : 15-05-2010



Medical Profile :

Gradually progressive deformity of the back for the last 7/8 years. Menarche 8 years back. No other significant past history. For the last few months she has developed progressively severe back pain.

Clinical Finding :

Gross right dorsal scoliosis with rib hump and large left lumbar scoliosis with hump. Pelvic asymmetry++. Slight shoulder asymmetry. No neurodeficit or evidence of neuromuscular disorder.

Investigations :

X-ray : Adolescent Idiopathic Scoliosis with right thoracic (T3 to T11 - 68°) and left thoracolumbar (T11 to L4 - 88°) curve - King type I Riser 5

MRI -- No significant anomaly.

Management :

Posterior Scoliosis correction done from T4 to L5 (USS/Synthes/Titanium) using pedicle screws only. Axial Translation and Rod Rotation technique was used. Procedure done u/GA at Park Clinic on 05.05.2010.

Post Operative Protocol

Uneventful postoperative recovery. Mobilised on the 4th day discharged after suture removal on the 10th day. At the time of discharge the patient was walking comfortably with significant relief of pain and had good deformity correction.

Advice :

1. Do not bend forwards to pick up heavy objects / not permitted to sit on the floor or squat / must use western type toilet /not permitted to take long jerky journeys.
2. Encouraged to walk within residence and to perform regular daily exercises as shown.
3. Tab Voveran SR 100 mg SOS (on severe pain only).
4. Report after one month at clinic for follow up (please take prior appointment before 2 weeks).

(Dr. SAUMYAJIT BASU)