

Anjali Singh (22 yrs, Female)

Date of Admission : 05-07-2012

Date of Surgery : 06-07-2012

Date of Discharge : 18-07-2012



Medical Profile :

Followup case of Neglected Adolescent Idiopathic Scoliosis with right thoracic (T3 to T110 - 68°) and left thoracolumbar (T11 to L4 - 88°) curve - King type I -- Posterior Scoliosis correction done from T4 to L5 u/GA at Park Clinic on 05.05.2010. She did well after surgery but was left unbalanced with left sided drooping of the shoulder and right sided pelvis slightly up.

Clinical Finding :

Slight loss of coronal balance. Saggital balance is well maintained. No neurodeficit, scar healed well.

Investigations :

X-ray : shows loss of coronal balance by about 4 cm to the left -- both curves well corrected and implants in situ.

MRI -- No significant anomaly.

Management :

Lower part of the wound explored. L3 L4 L5 screws were taken out. New 7 mm screws (One Alpha/Gesco /Titanium) were inserted at L5 and S1. L4 pedicle subtraction osteotomy was done and rods were connected to dominos leading to correction of the deformity and saggital/coronal balance. Local bone used for posterolateral fusion. Wound closed in layers over a drain. Procedure done u/GA at Park Clinic on 06.07.2012.

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)