Standing tall: Spinal alignment in adult spinal deformities

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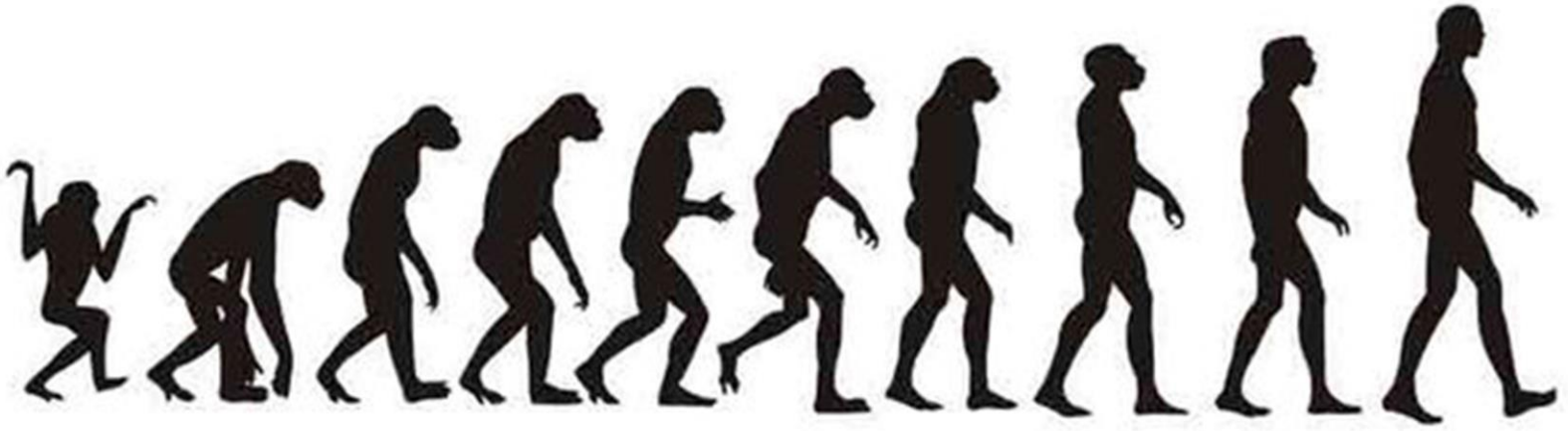
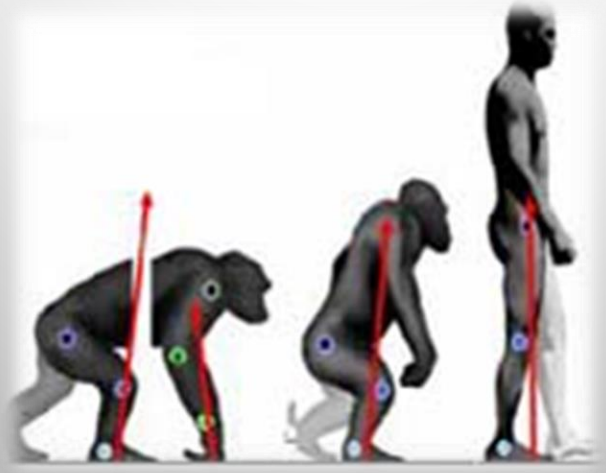




Life is a kyphosing event

Spectrum of pathology

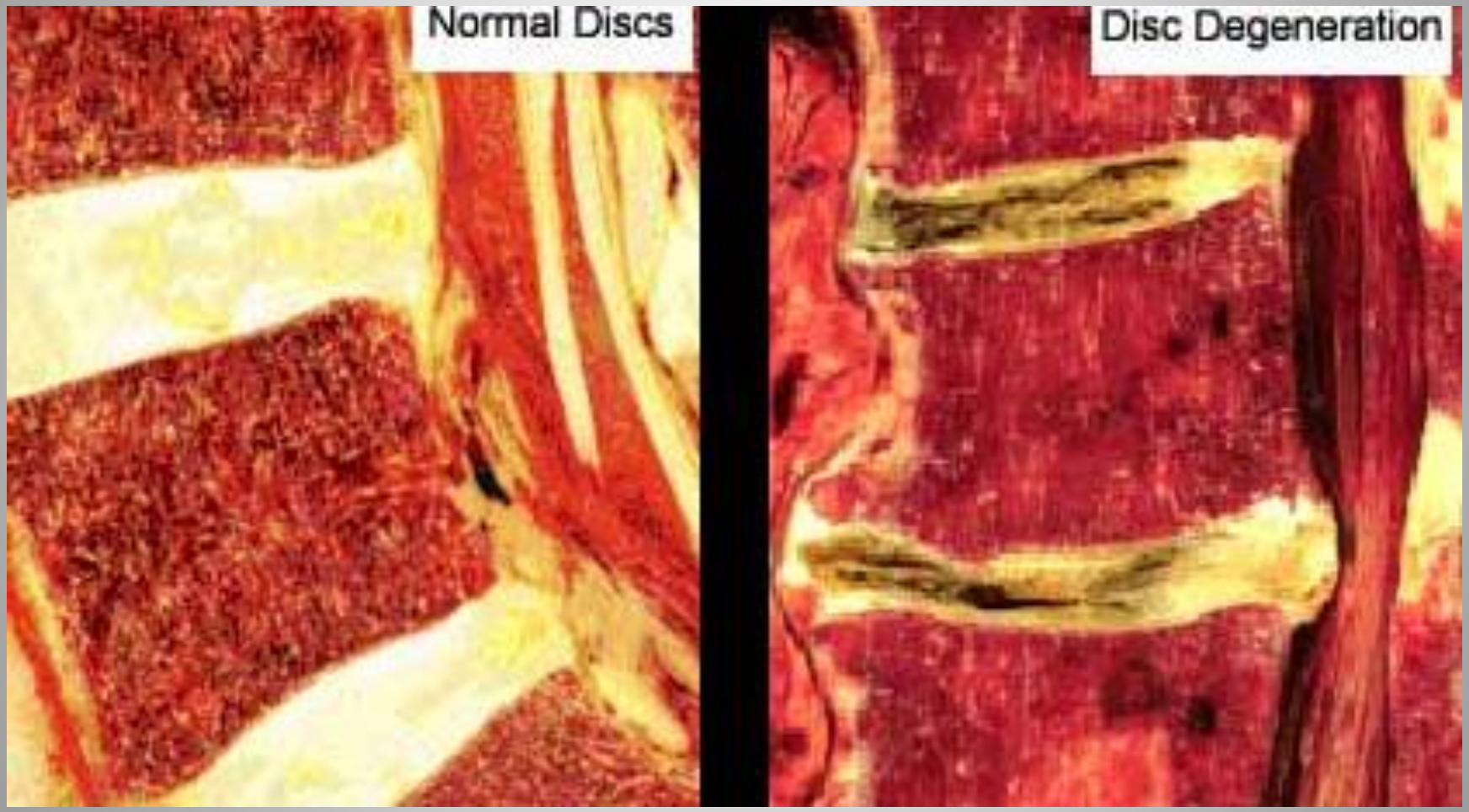
- Osteoporosis
- Discs and facet joints
- Failure of the spinal column

Outline

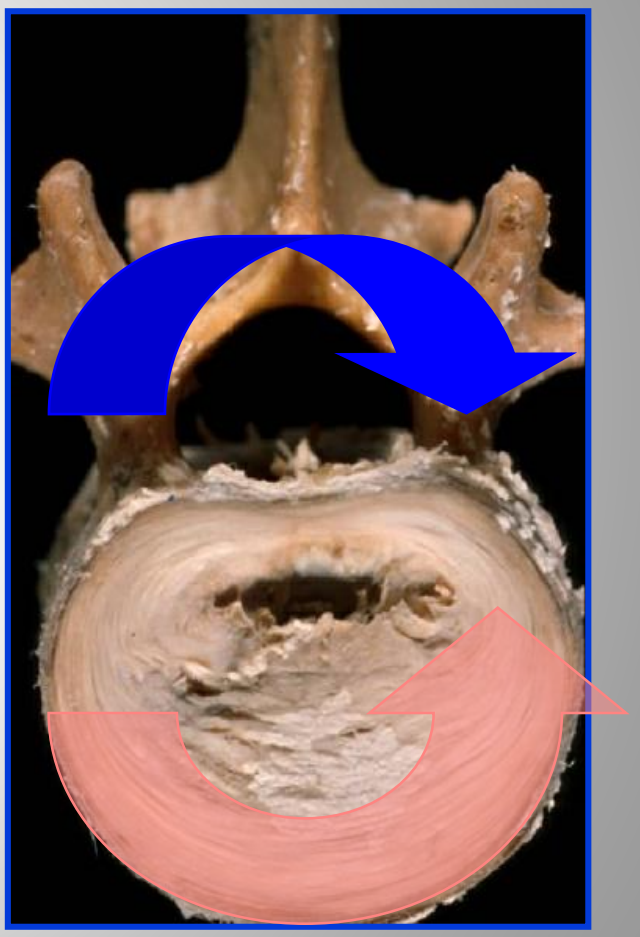
Standing tall by re-aligning the spine

- Consequences of advanced degenerative changes
- How do we measure the effects
- Case examples
- When to refer

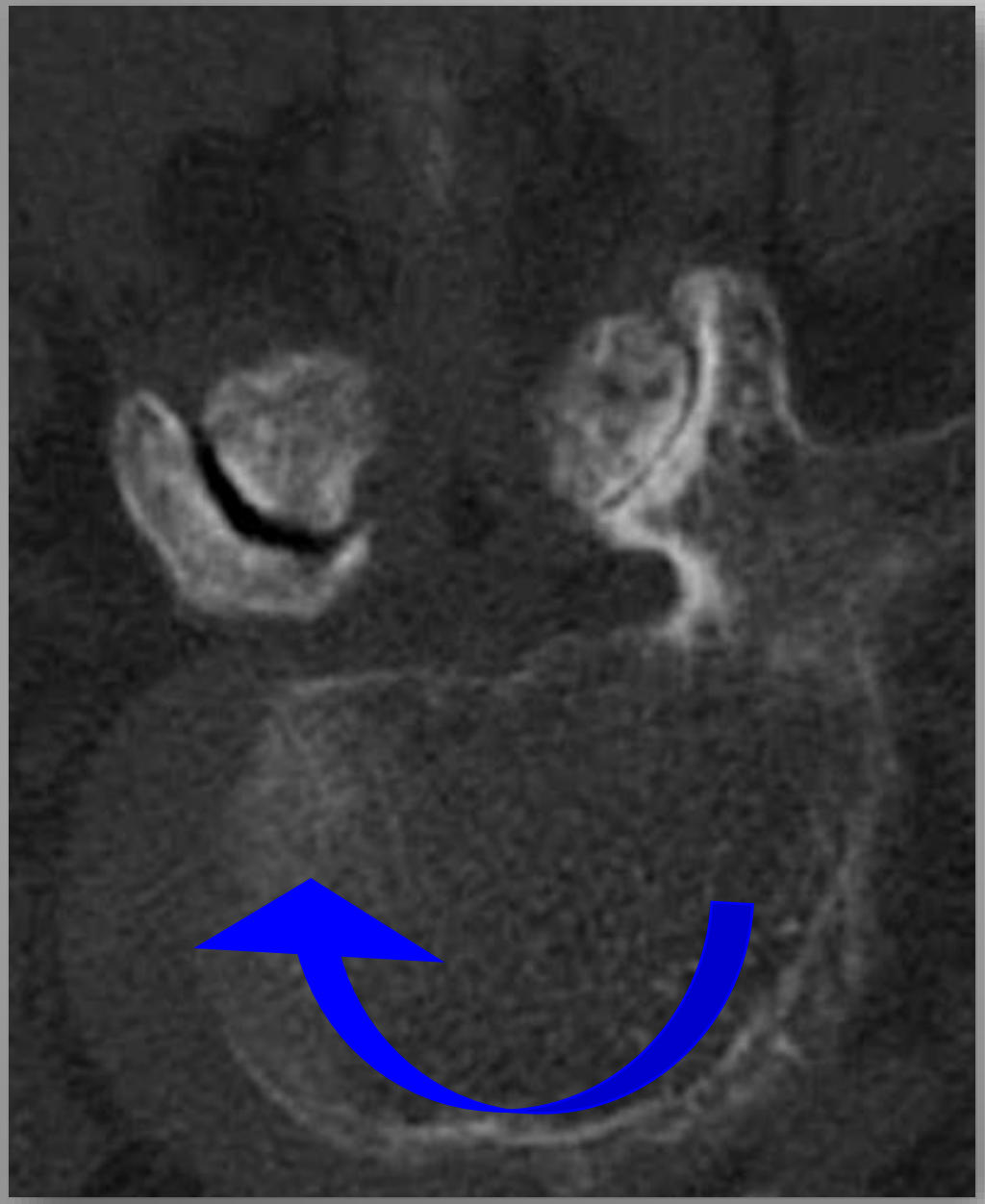
Disc degeneration

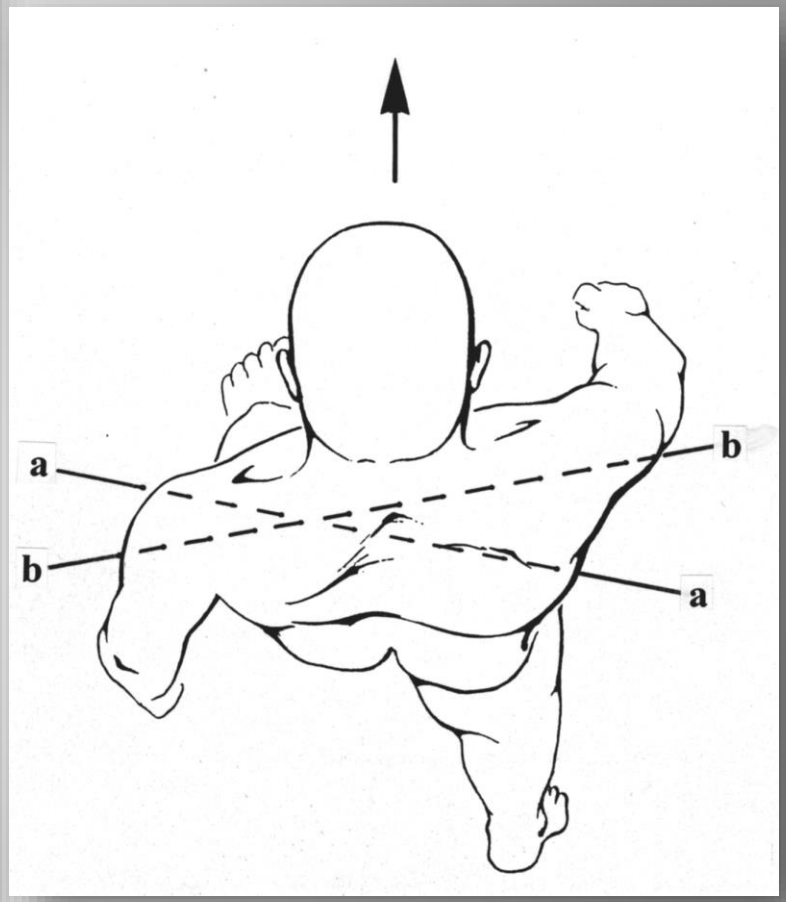


Changes in the ‘motion segment’

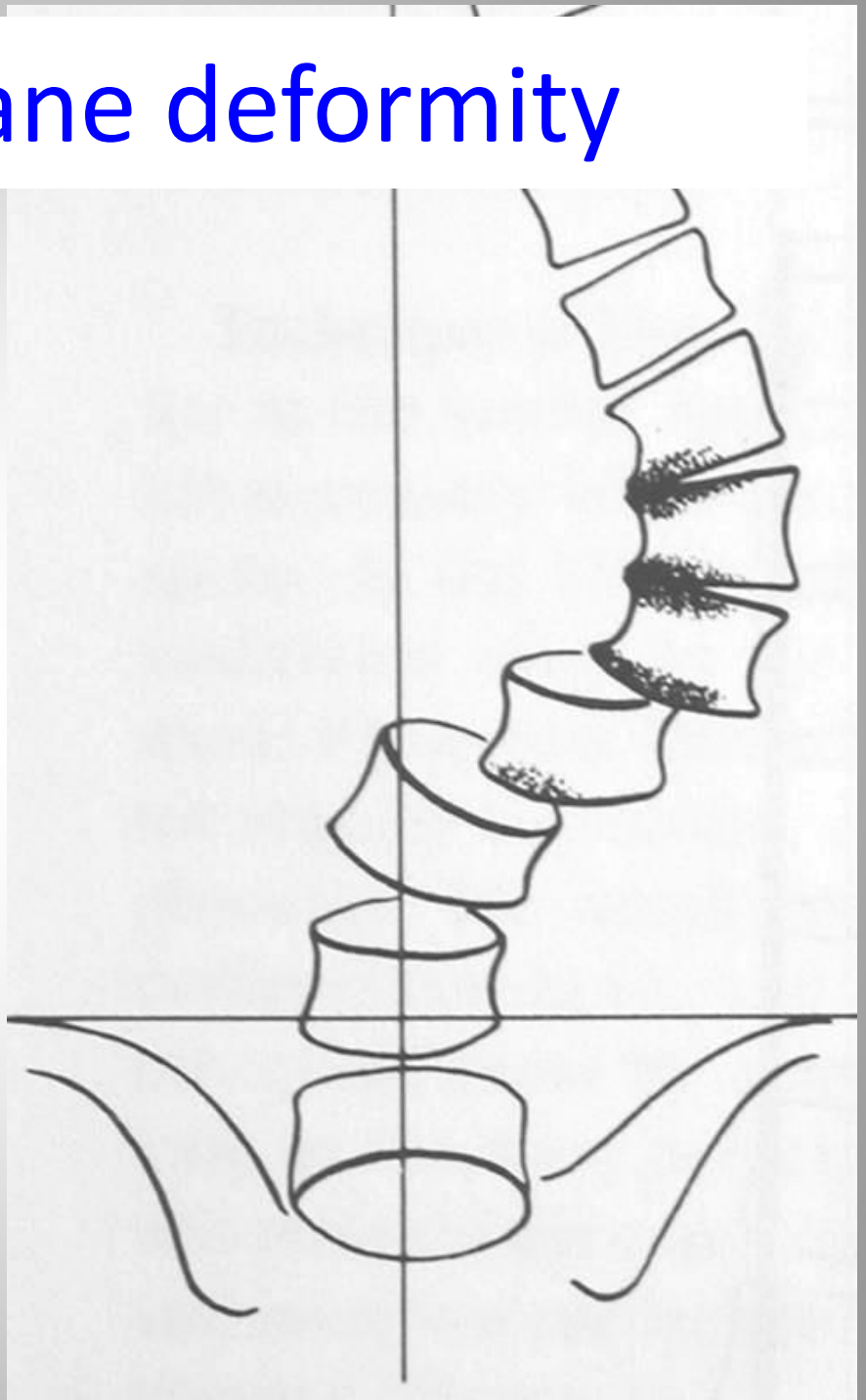


- resistance of the annulus to torque is reduced
- increased mechanical demand on posterior elements

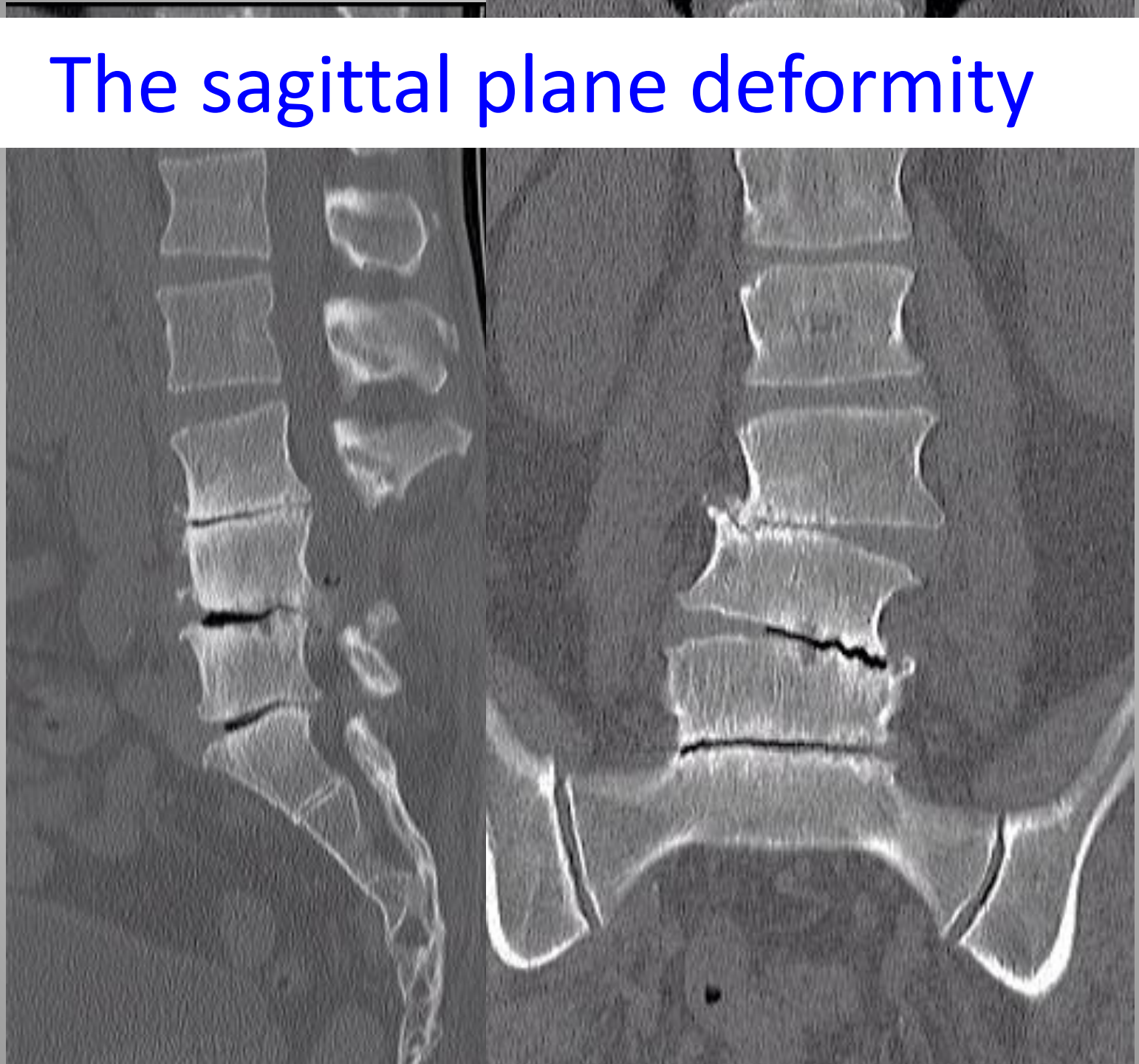



a
b
b
a

The coronal plane deformity



The sagittal plane deformity



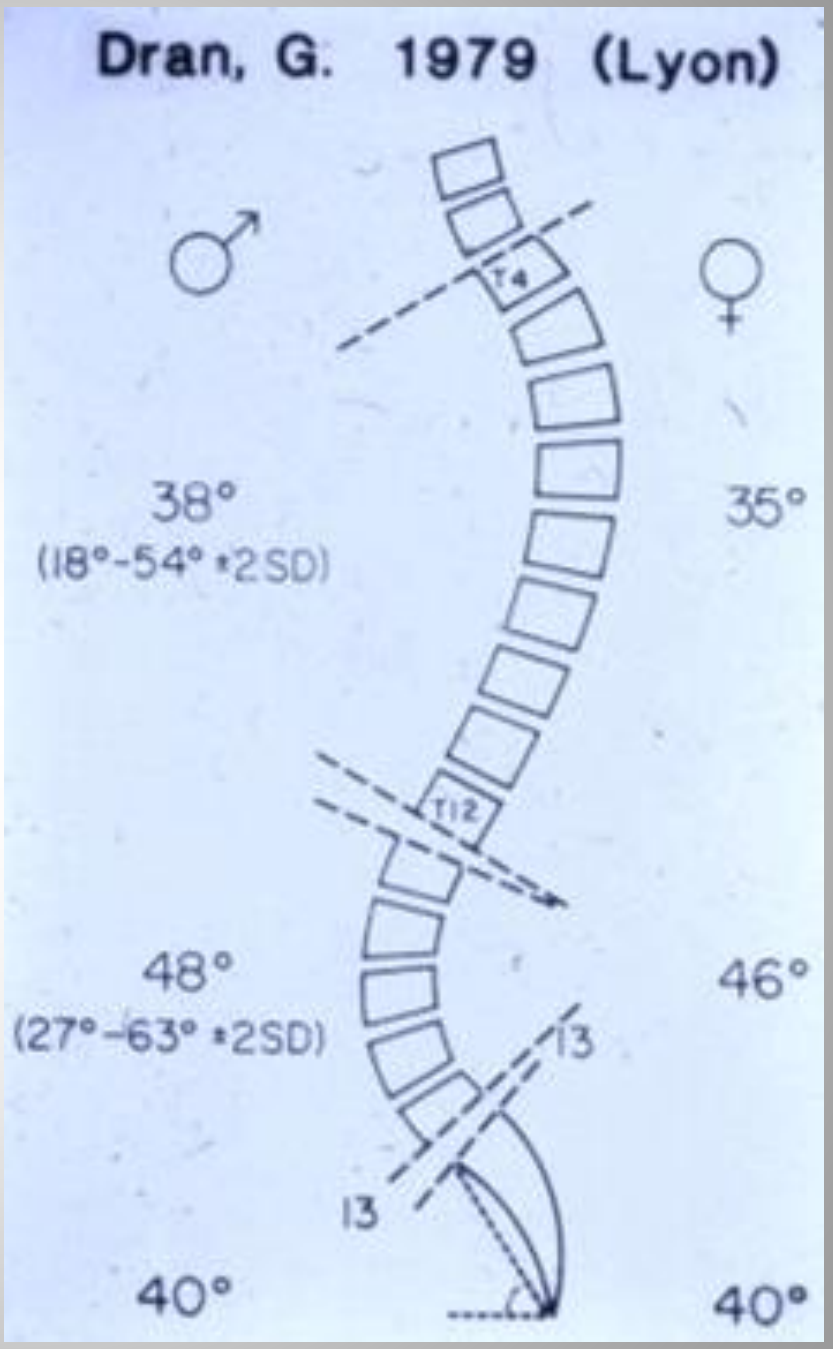

Idiopática

Thoracic kyphosis:

38° ± 18

Lumbar lordosis:

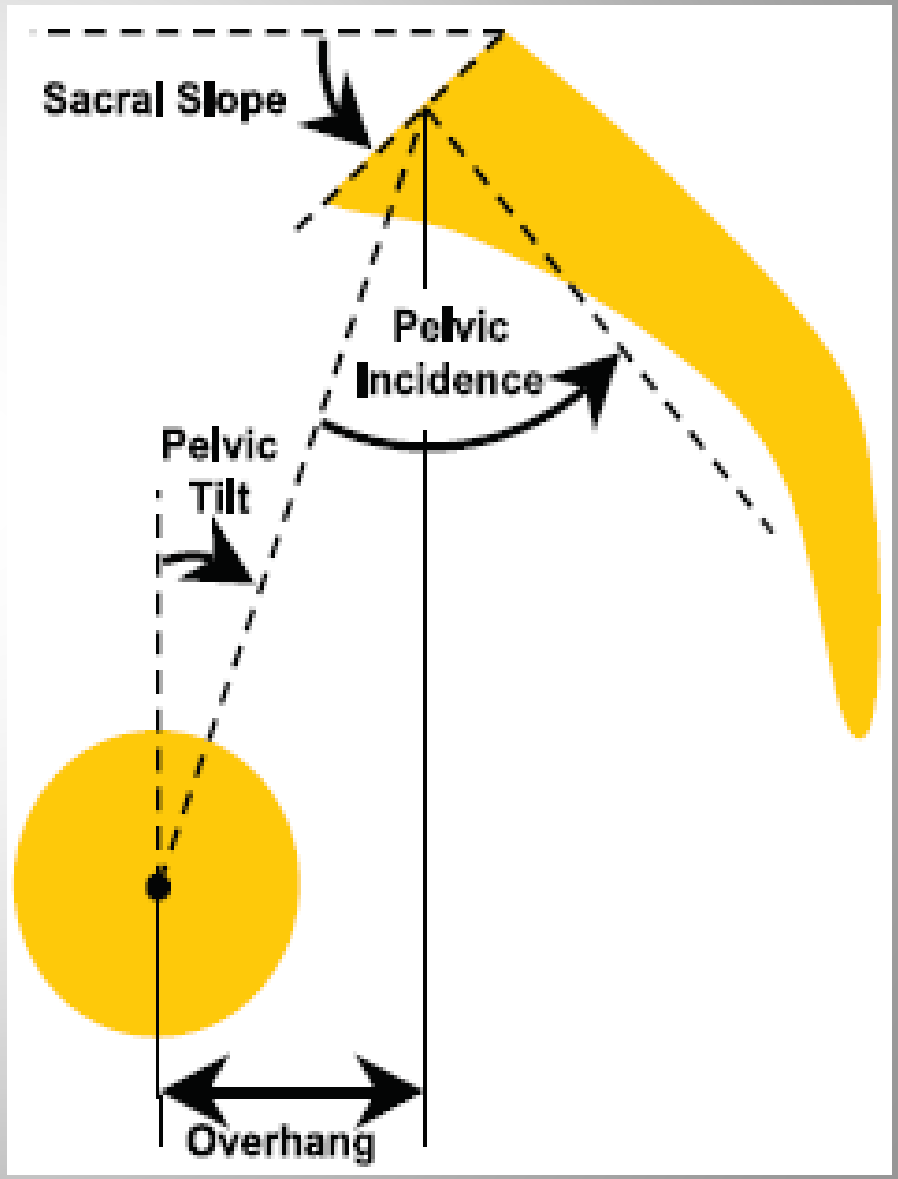
48° ± 18



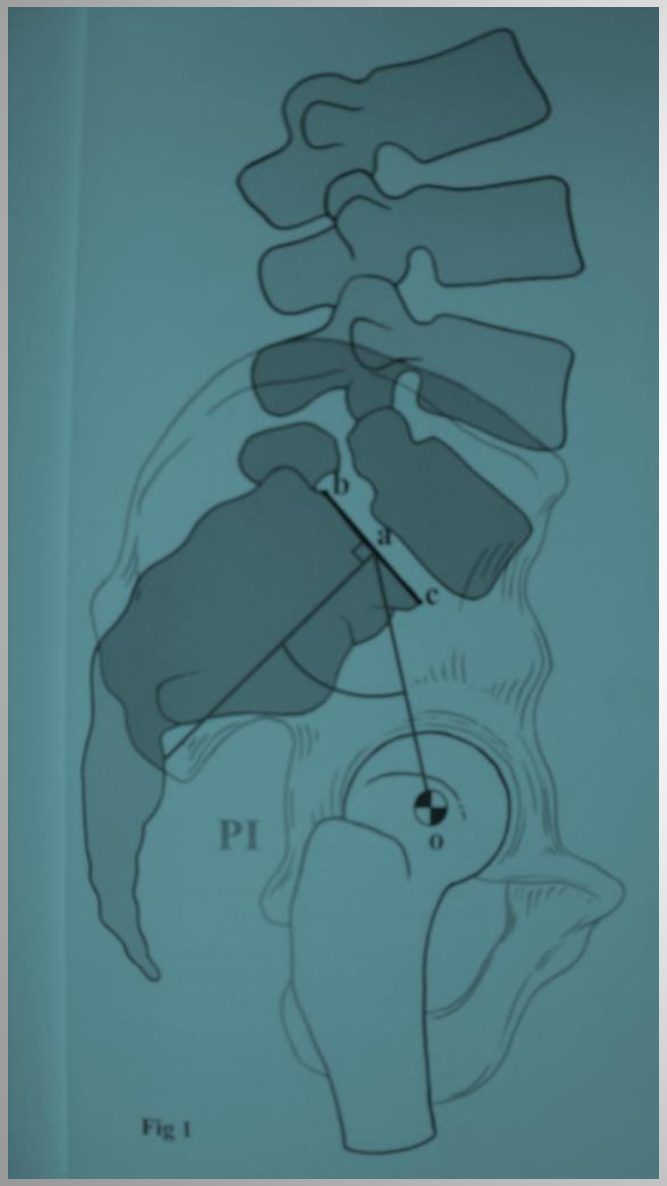

T1 offset
L1 offset
SACRAL TRANSLATION
SAGITTAL VERTICAL AXIS
HIP AXIS
C7 PLUMB LINE

Pelvic measures

- Sacral slope (SS)
- Pelvic tilt (PT)
- Pelvic incidence (PI)



Pelvic incidence

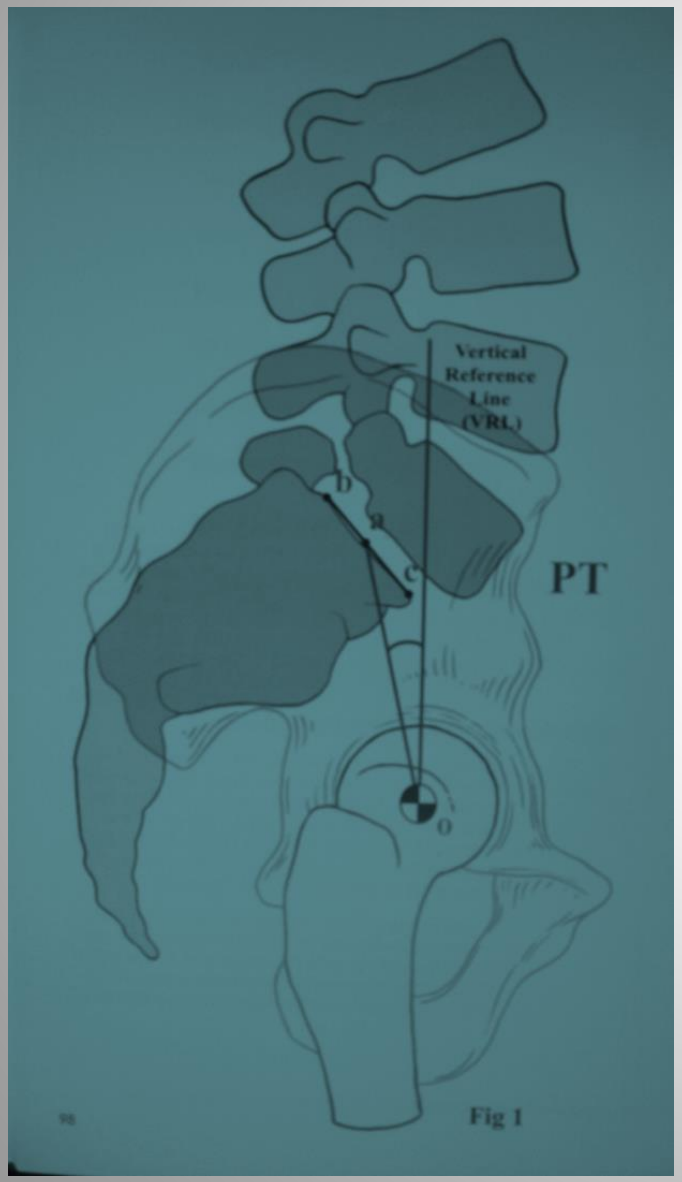


- Key parameter
- Perpendicular to:

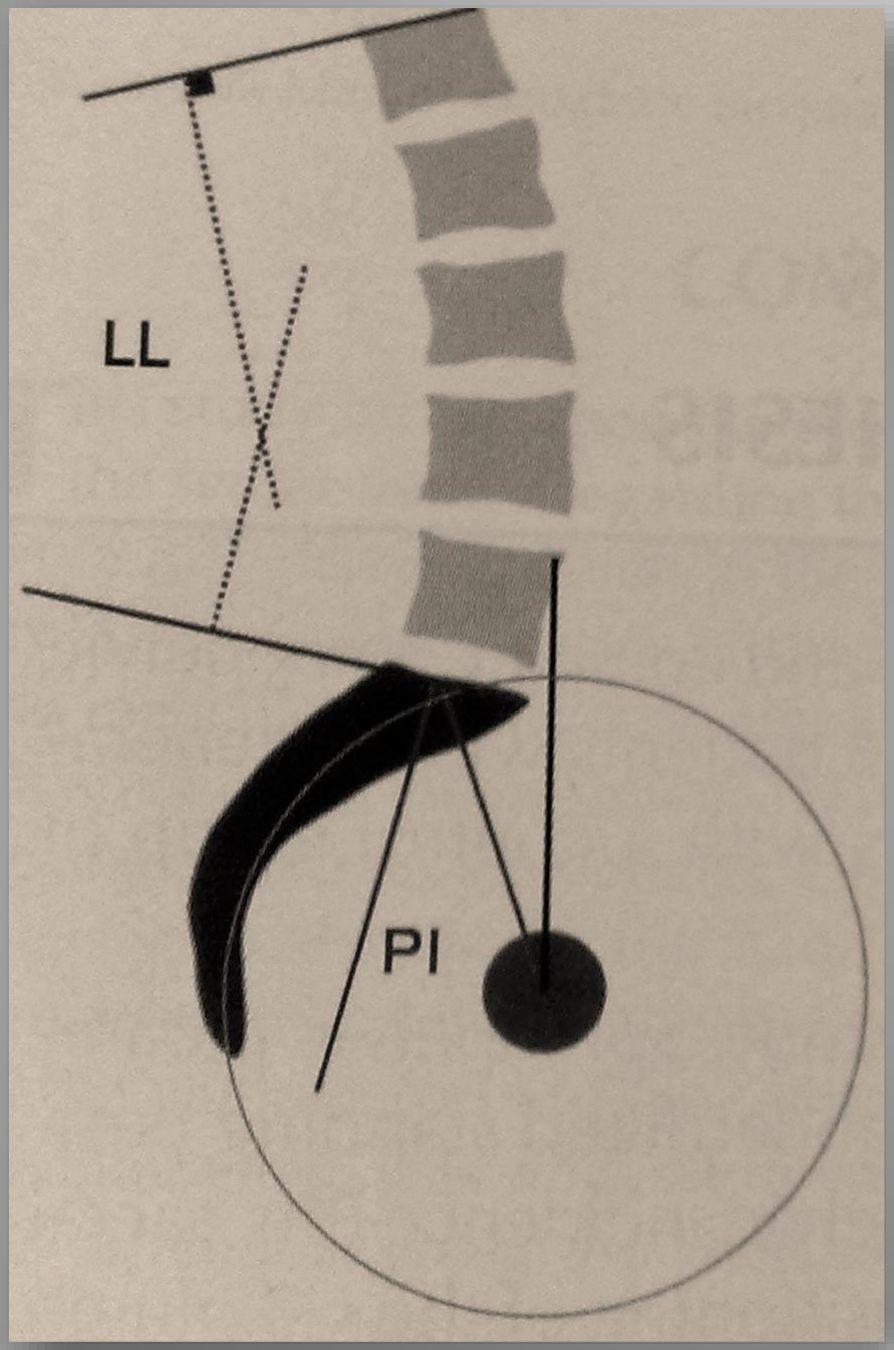
  the middle of the sacral end plate

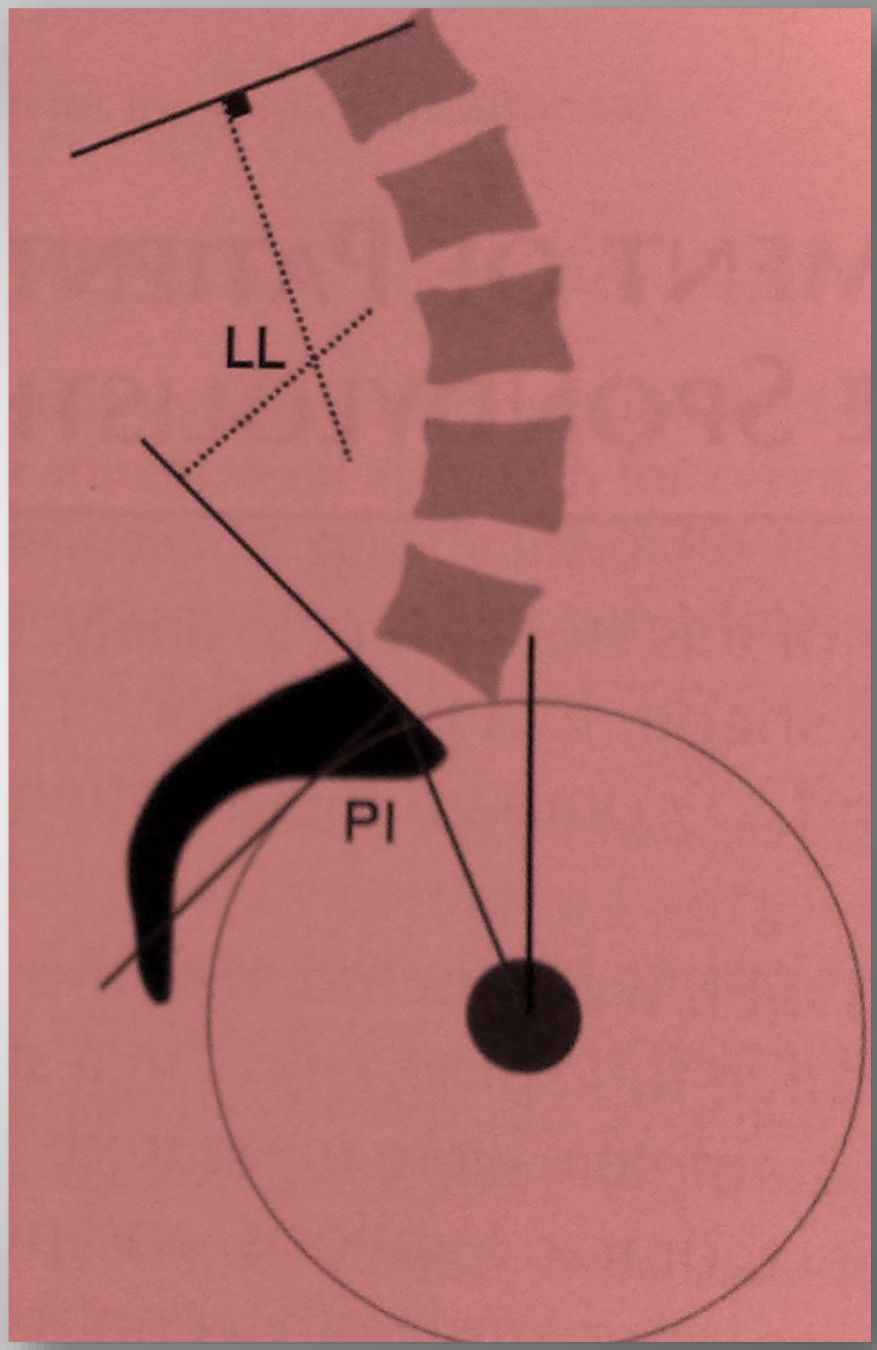
  mid-point of femoral heads
- 55° ± 10.6° (Vialle JBJS 2005)

Significance of pelvic tilt



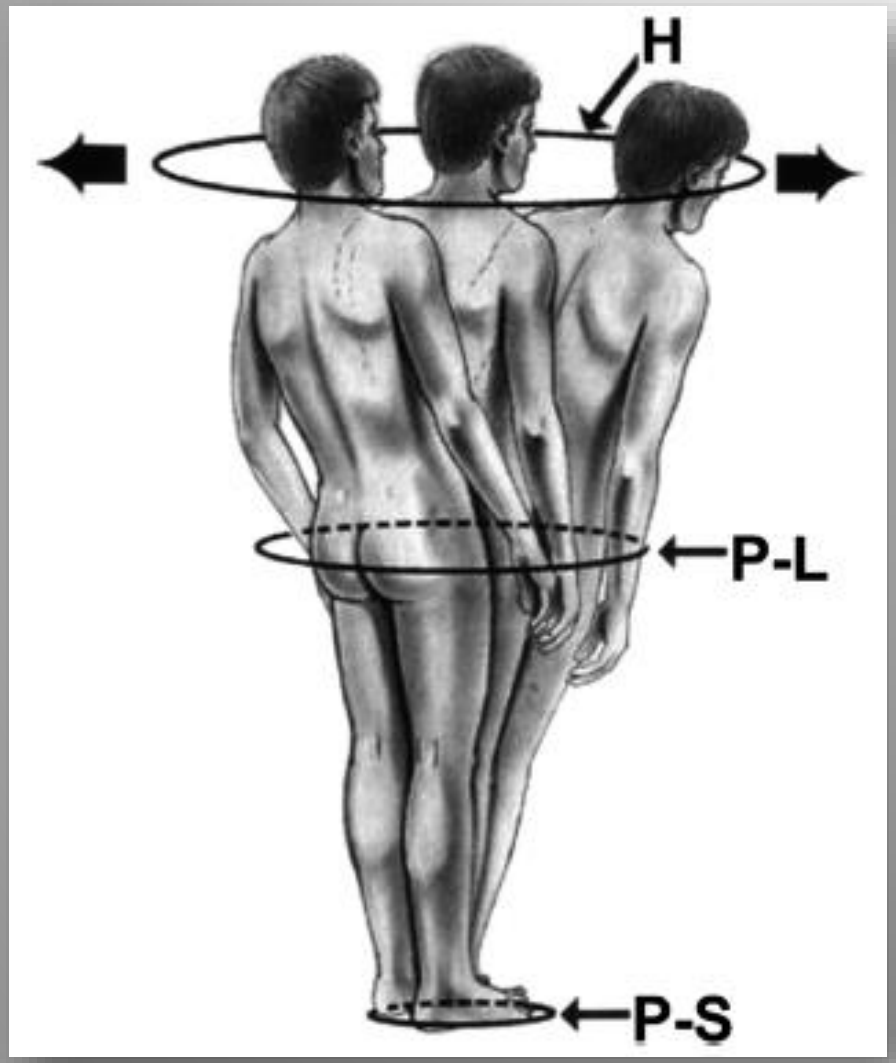
- Centre of gravity over LL
- Maintains sacral plate posterior to the hip
- Increases with age

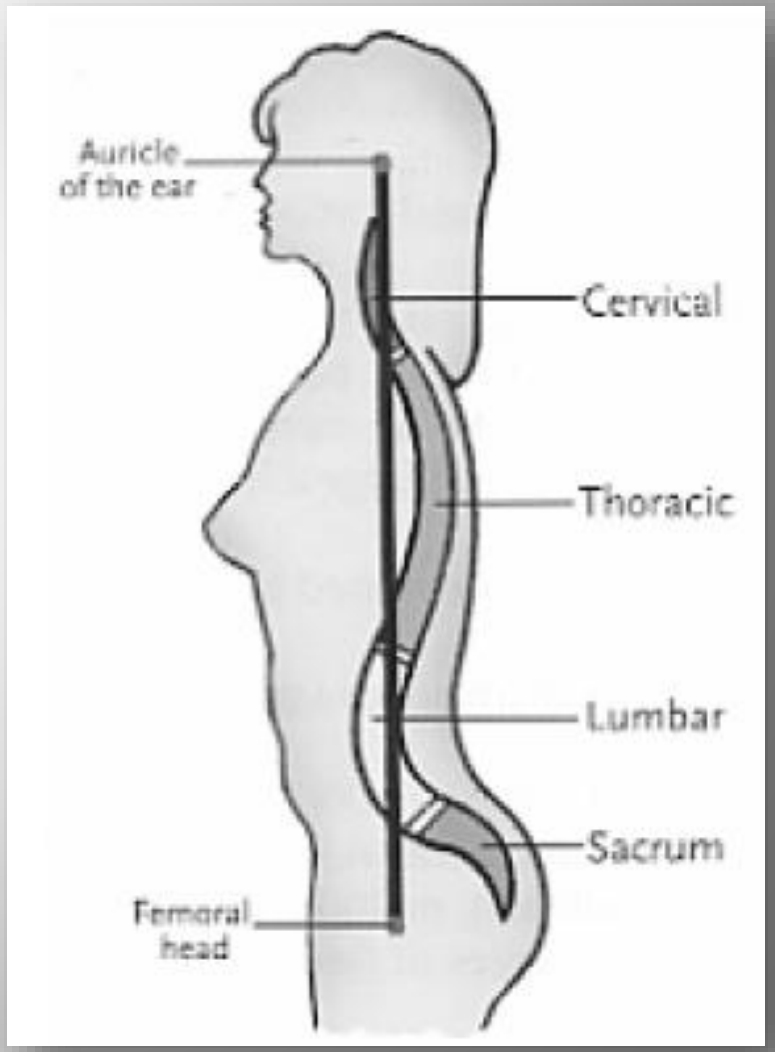

LL
PI


LL
PI

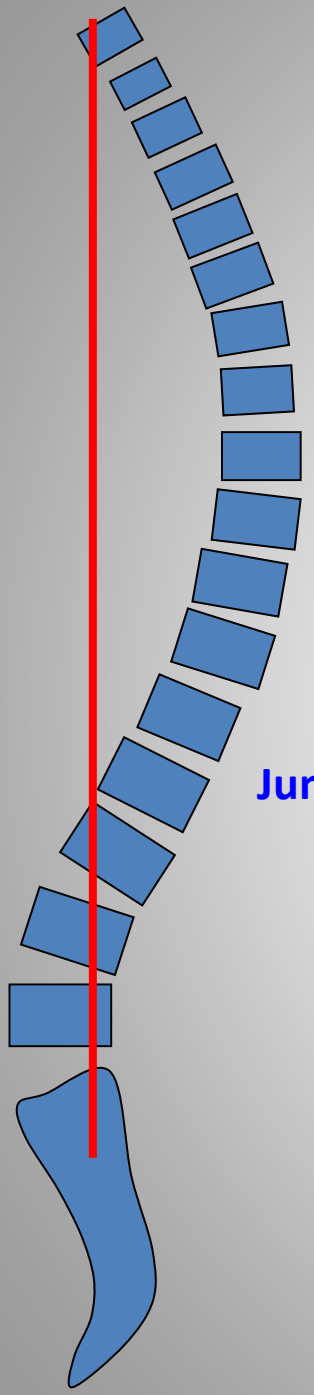
Cone of economy

J. Dubousset



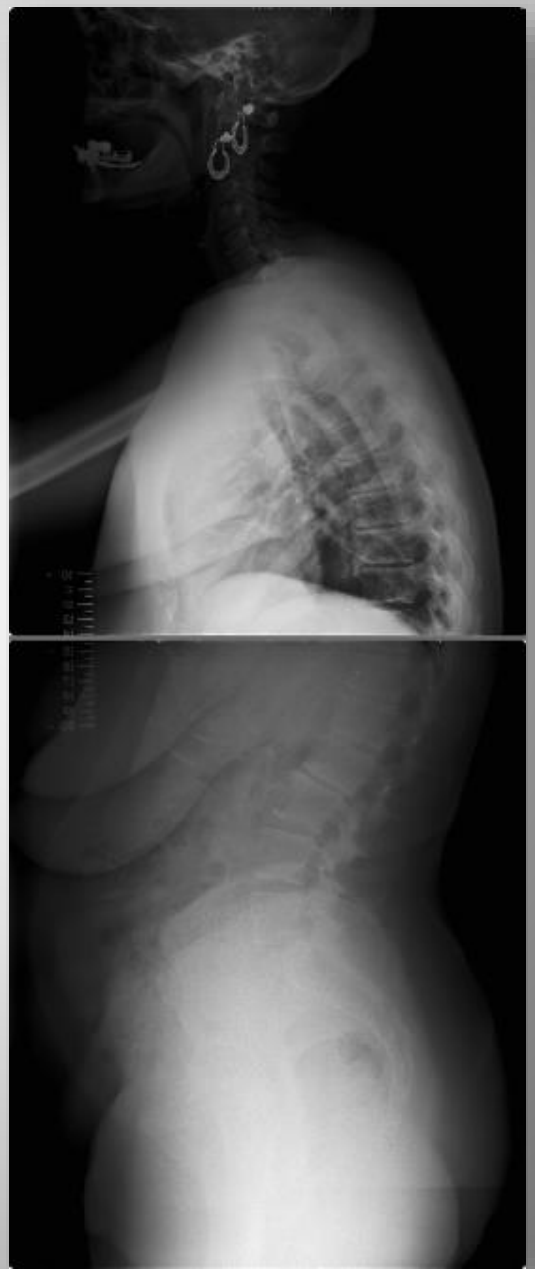


Type 1: Non-harmonious spine

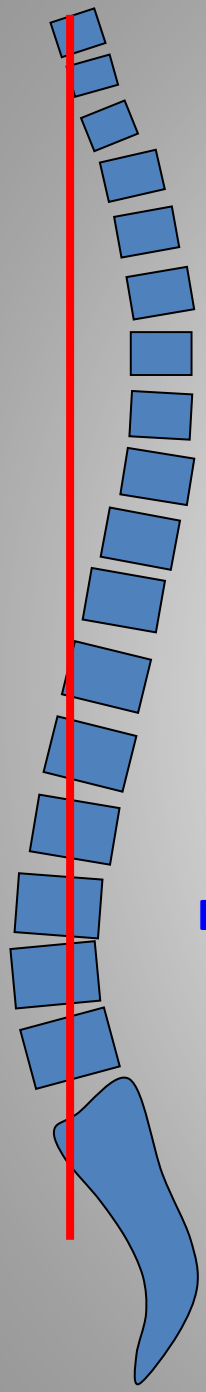


Thoraco lumbar disc

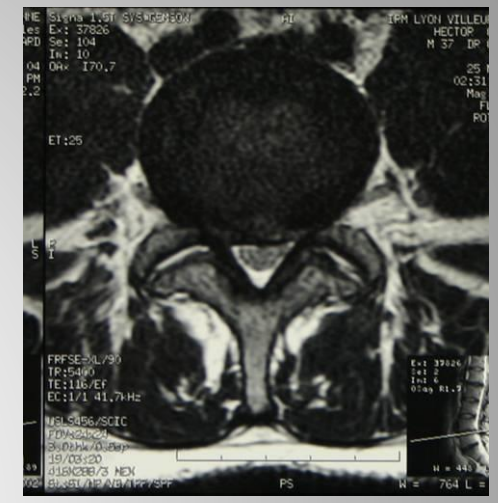
Junctional listhesis

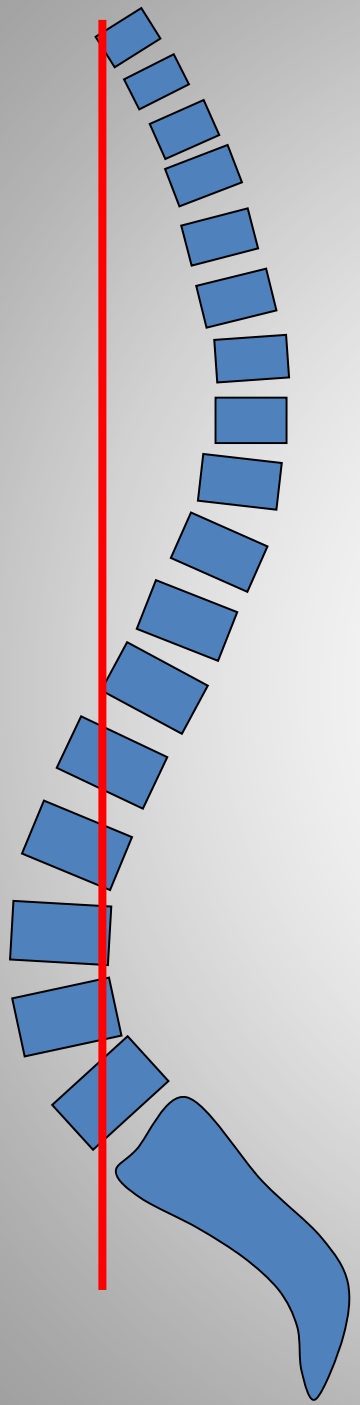


Type 2: Harmonious but Flat Back

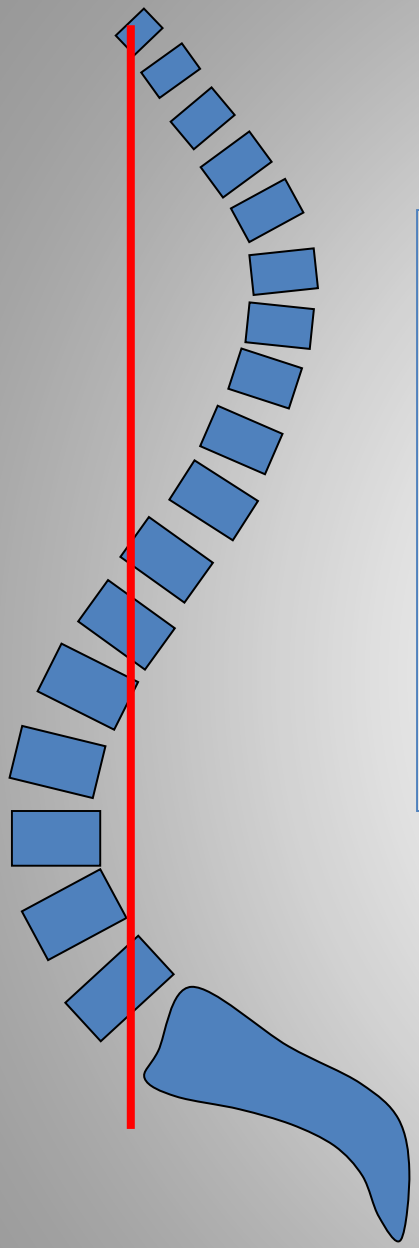


Early disc degeneration





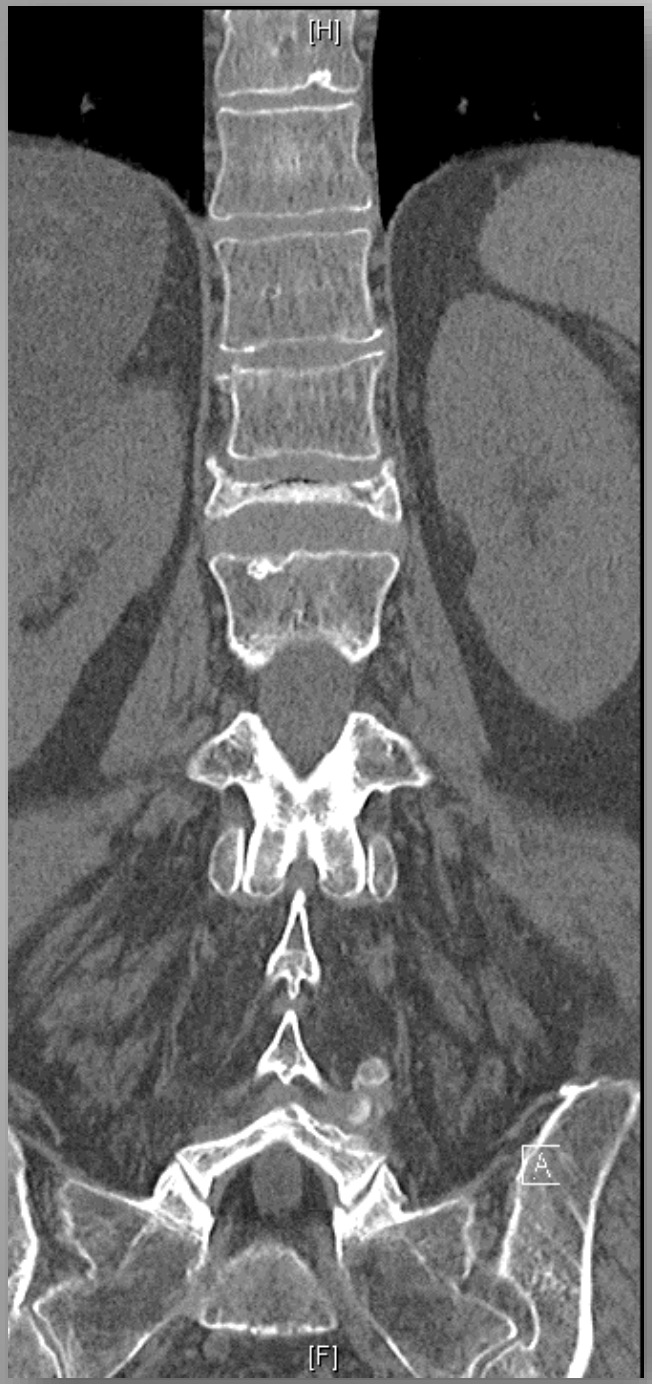
Type 3:The most harmonious (“probably a good back”)



Type 4: Harmonious but hyper-curved.

- When young: very strong
  - High PI
  - Good lordosis
- With aging
  - will lose lordosis
  - pelvic tilt increases to compensate for anterior imbalance

Lumbar stenosis + spondylolisthesis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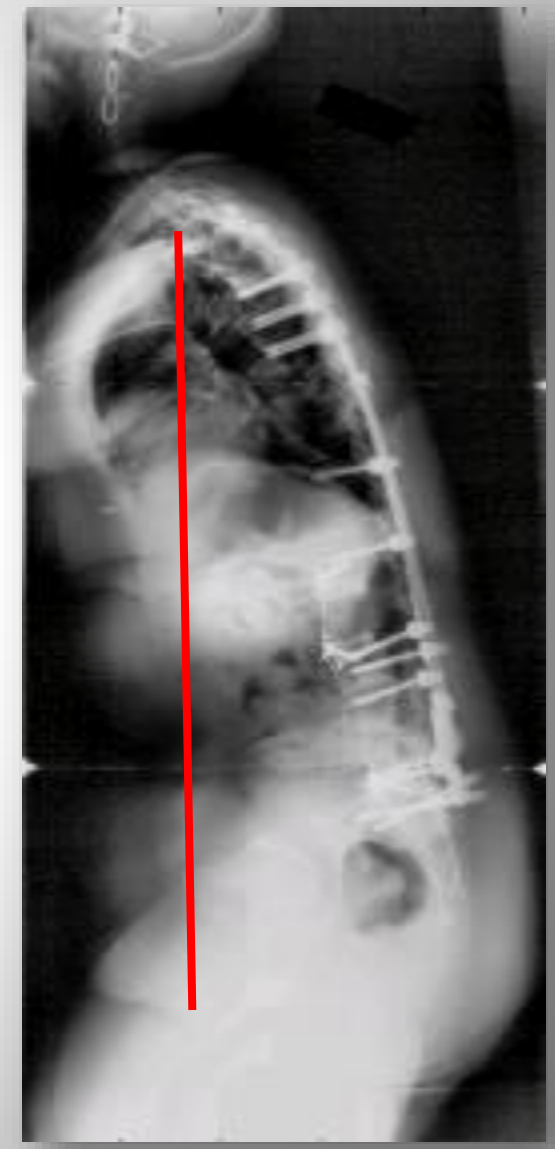
Fixed or flexible sagittal deformity

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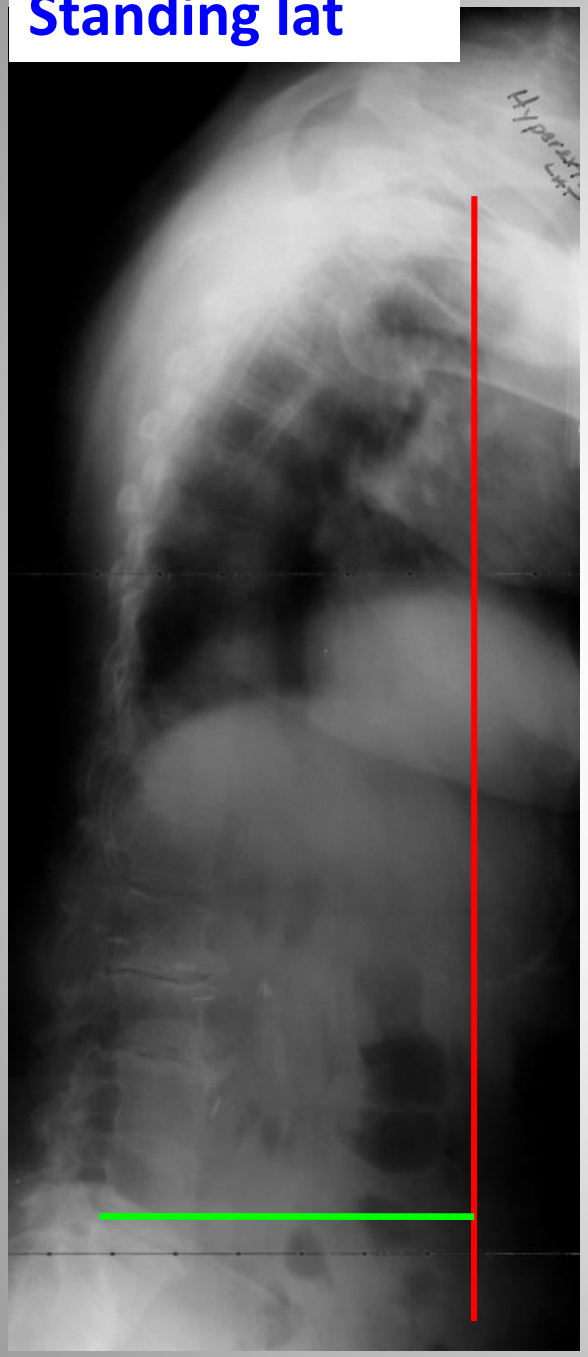
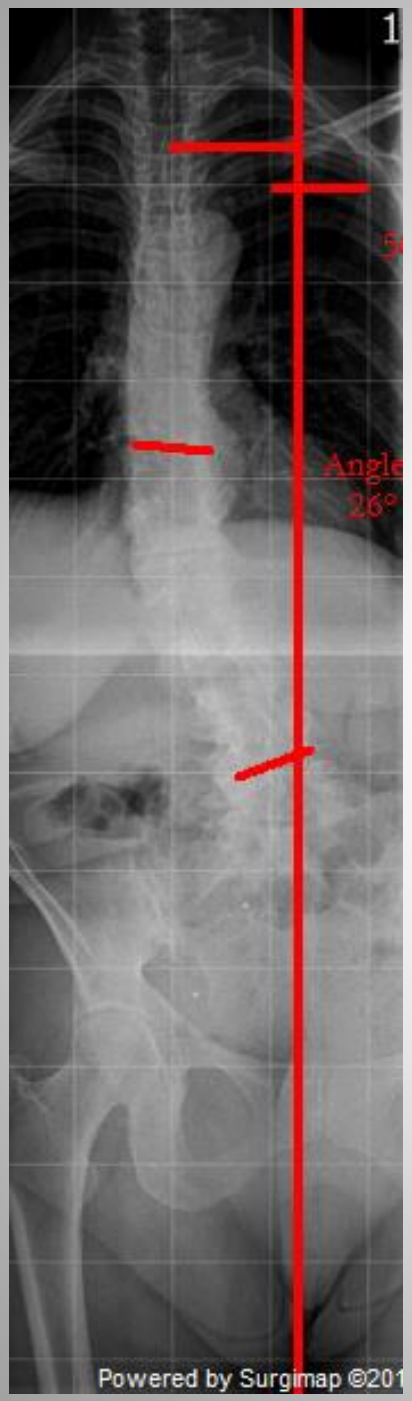
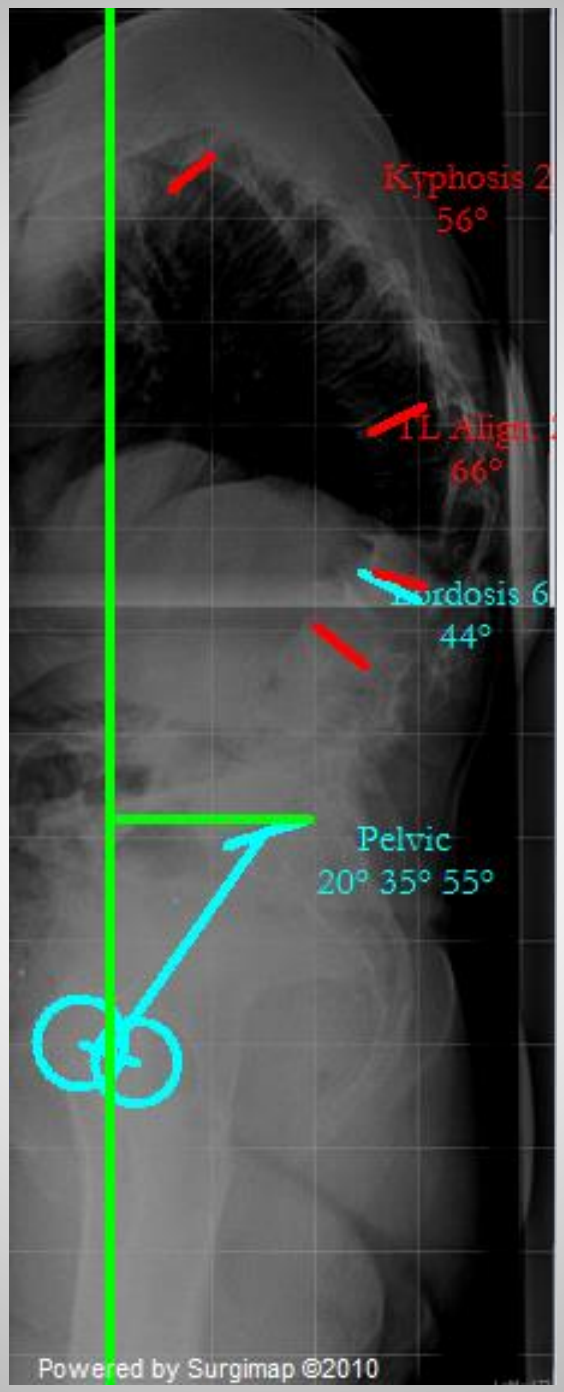
Standing lat



Hyperext lat





59 / F

AP Cobb 26°

CSL 7 cm

Pelvic:

PI 55°

SS 20°

PT 35°

LL 44°

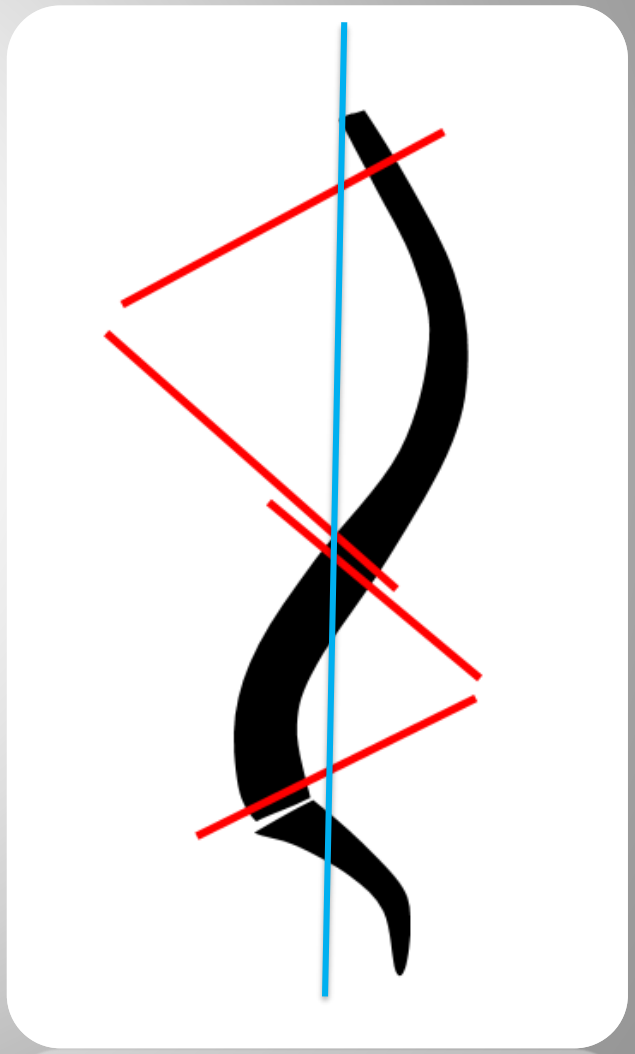
TL 66°

TK 56°

SVA 11 cm

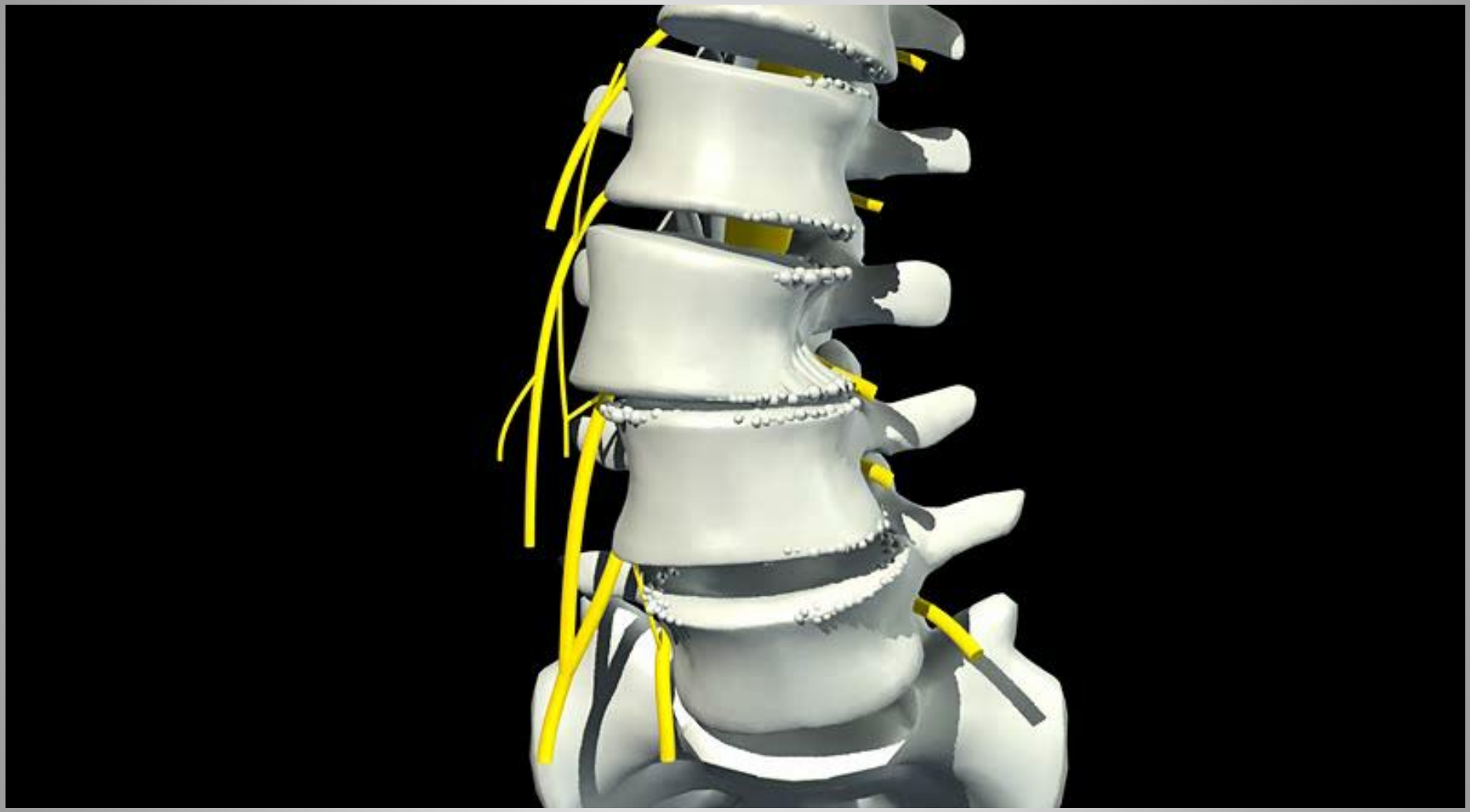
Aims of intervention

- Restore the lordosis
- Restore the plumb line
- Restore the ‘curves’



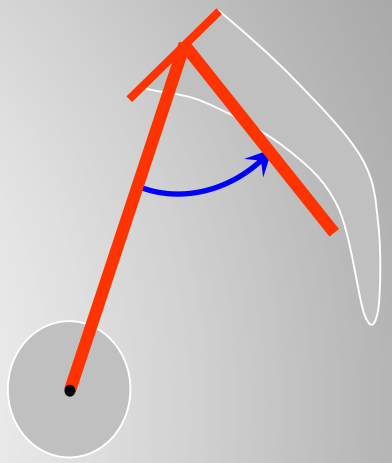
Adult Deformity: Surgical goals

- Normalize & balance contours
- Fuse the least number of segments
- Neural decompression
- Obtain solid biological fusion



Adaptation of lordosis

- Excise facet joints
- ‘Open’ degenerate disc spaces
- Osteotomies
- Measure the PI, and build in the lordosis



$LL = PI \pm 9^0$

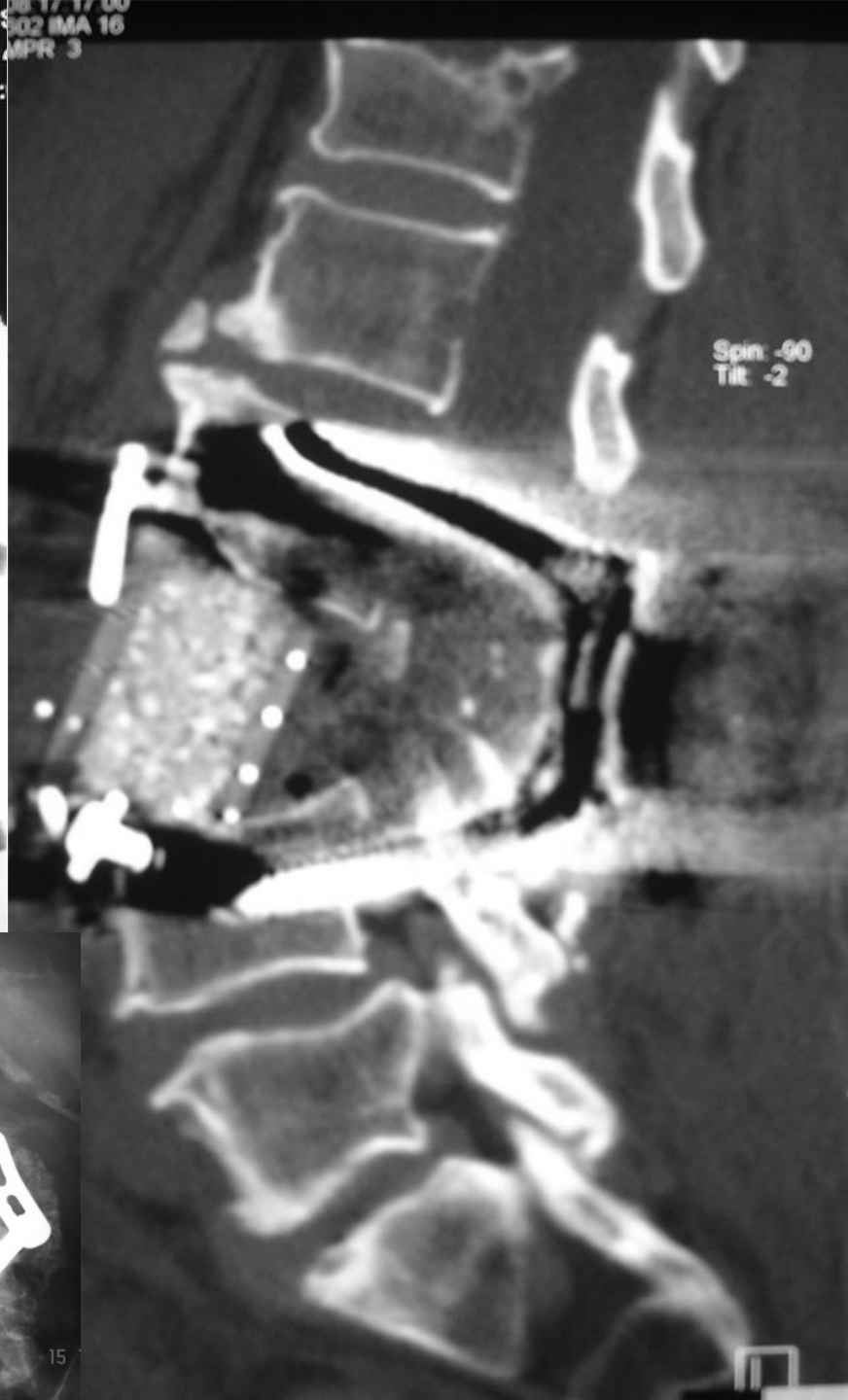
Surgical reconstruction:
Adult Deformity

- Major operation
- Anaesthetic input early

  discuss mortality and morbidity
- 2 spinal surgeons
- Spinal cord monitoring
- ITU, Physiotherapy


EXIT
EXIT
MM
86Y


COLUMBIA REGIONAL HOS
09/1
2:48:


Spin -90
Tilt -2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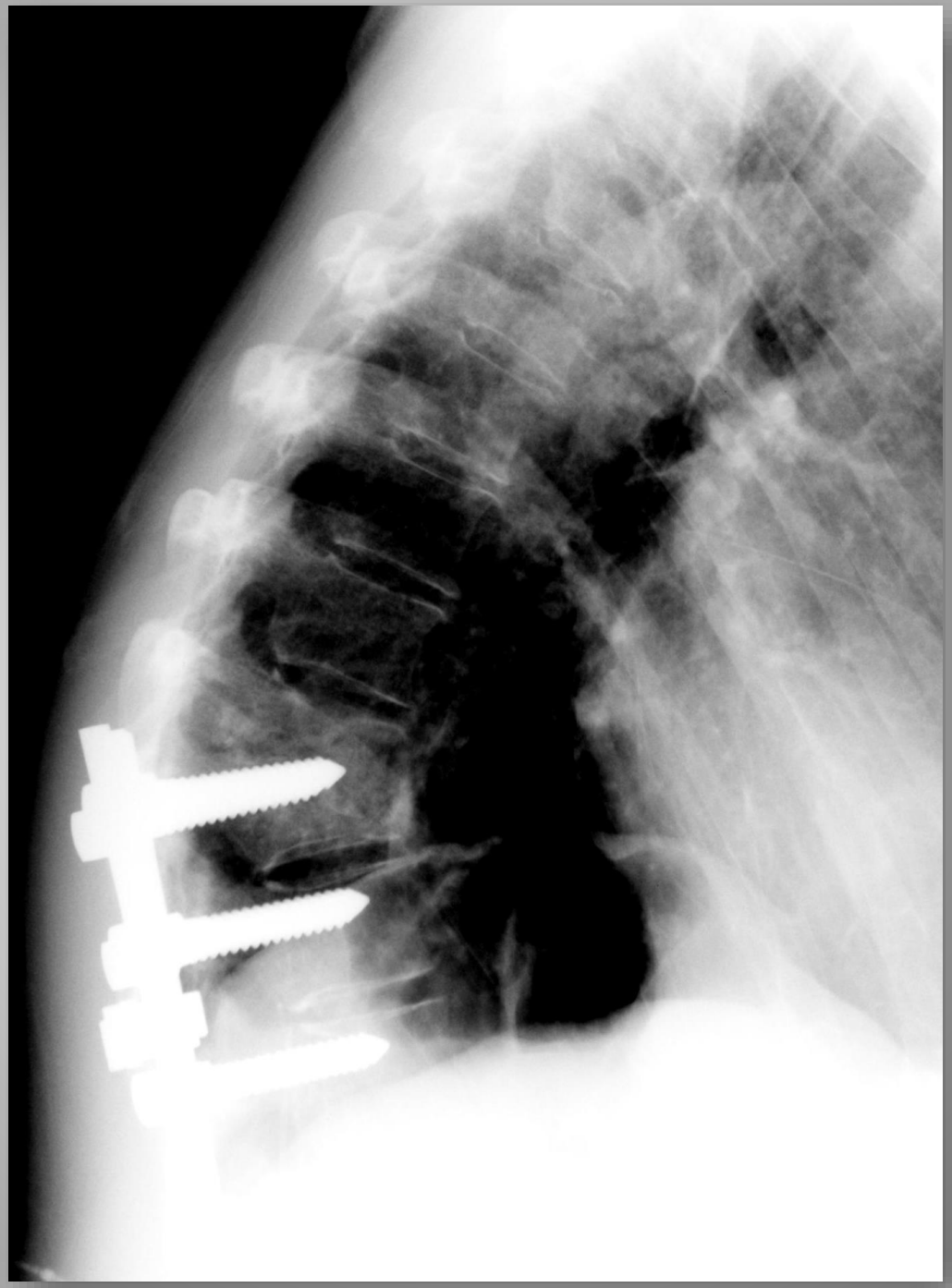
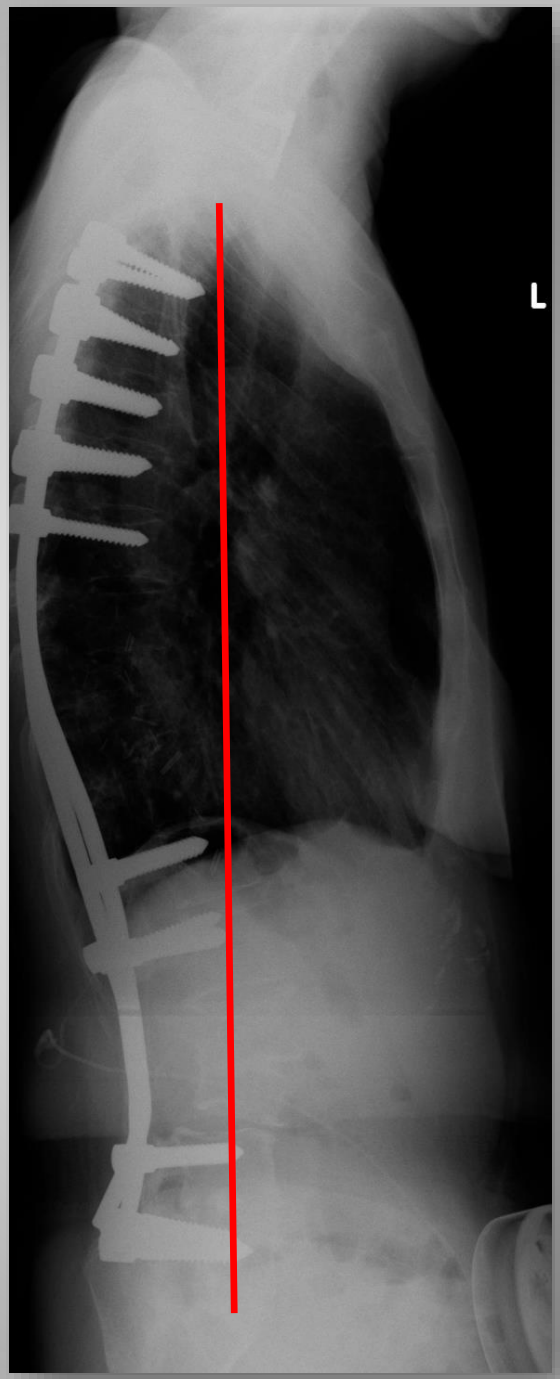
Problems

- Realistic expectations
- Medical co-morbidites
- Osteoporosis
- Junctional problems

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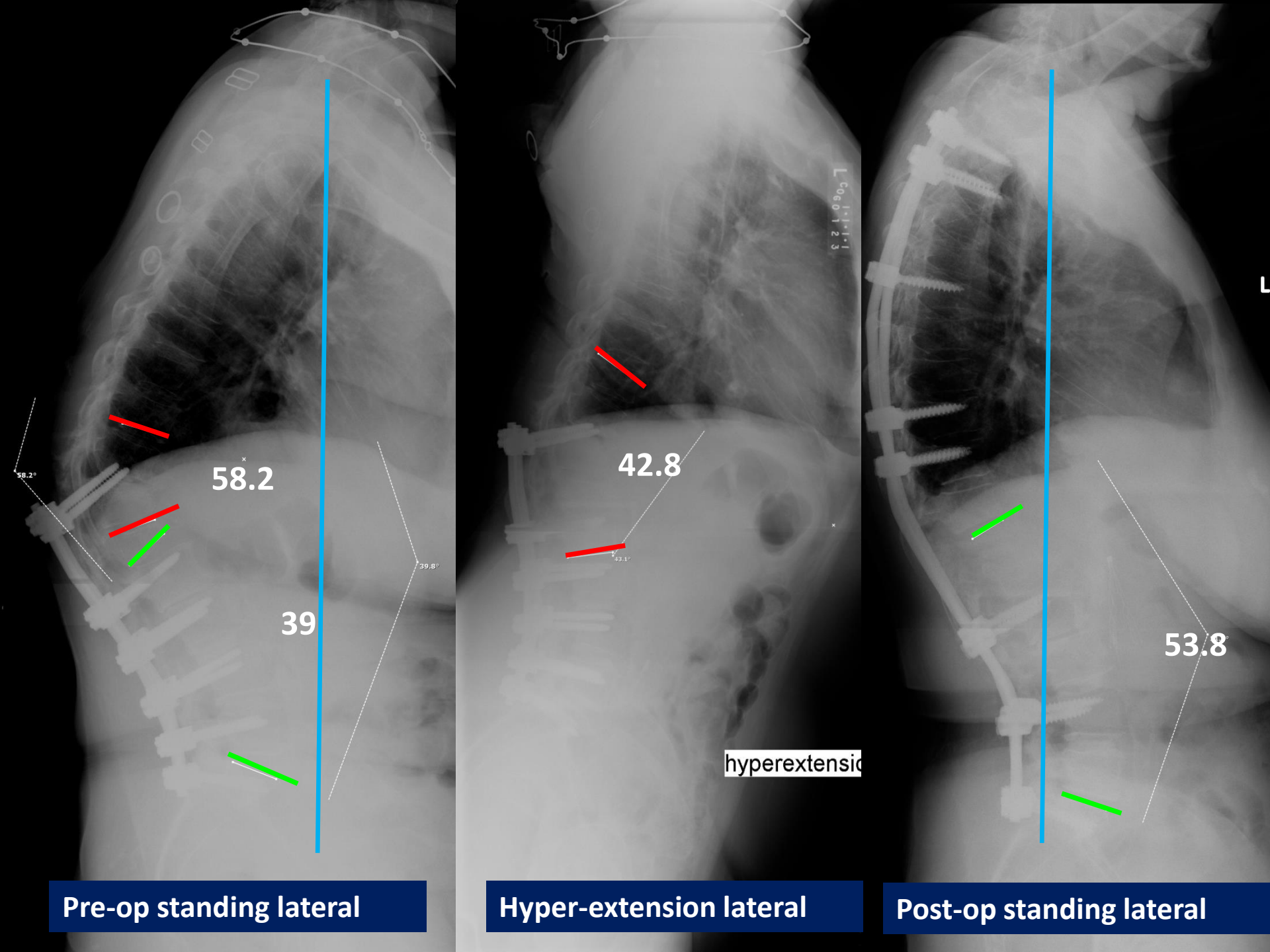
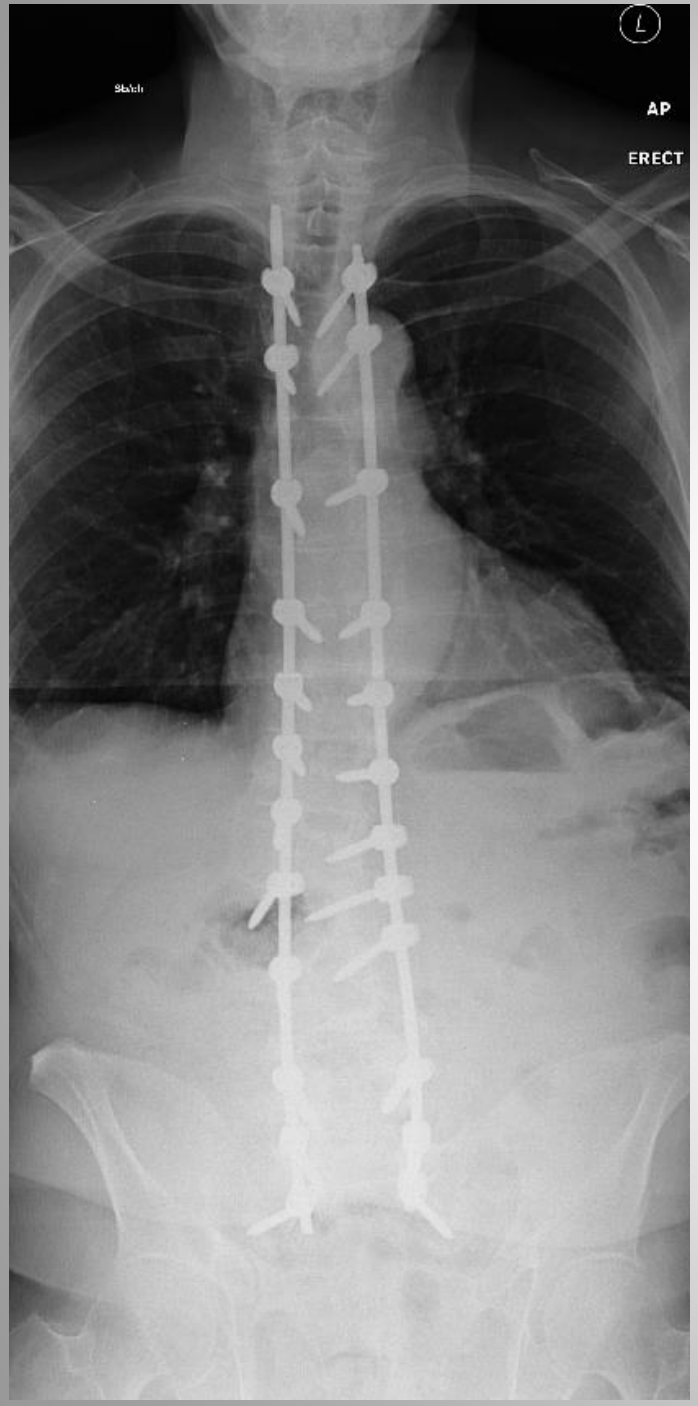
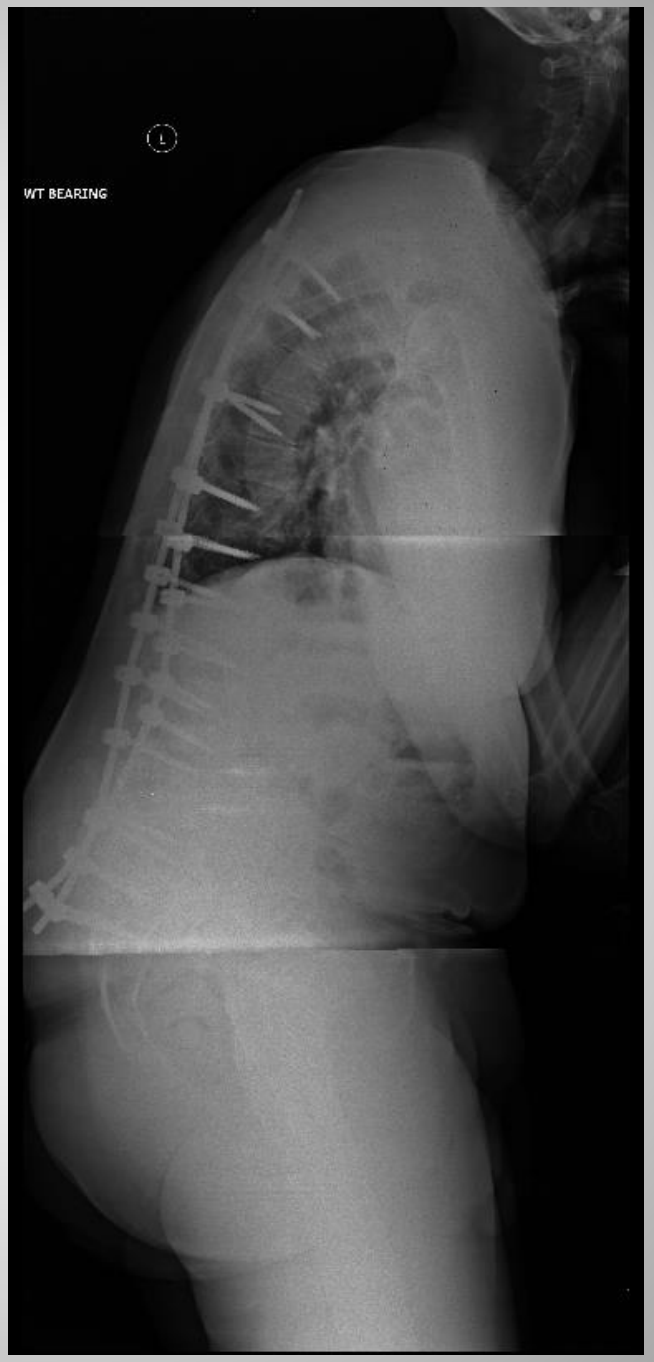
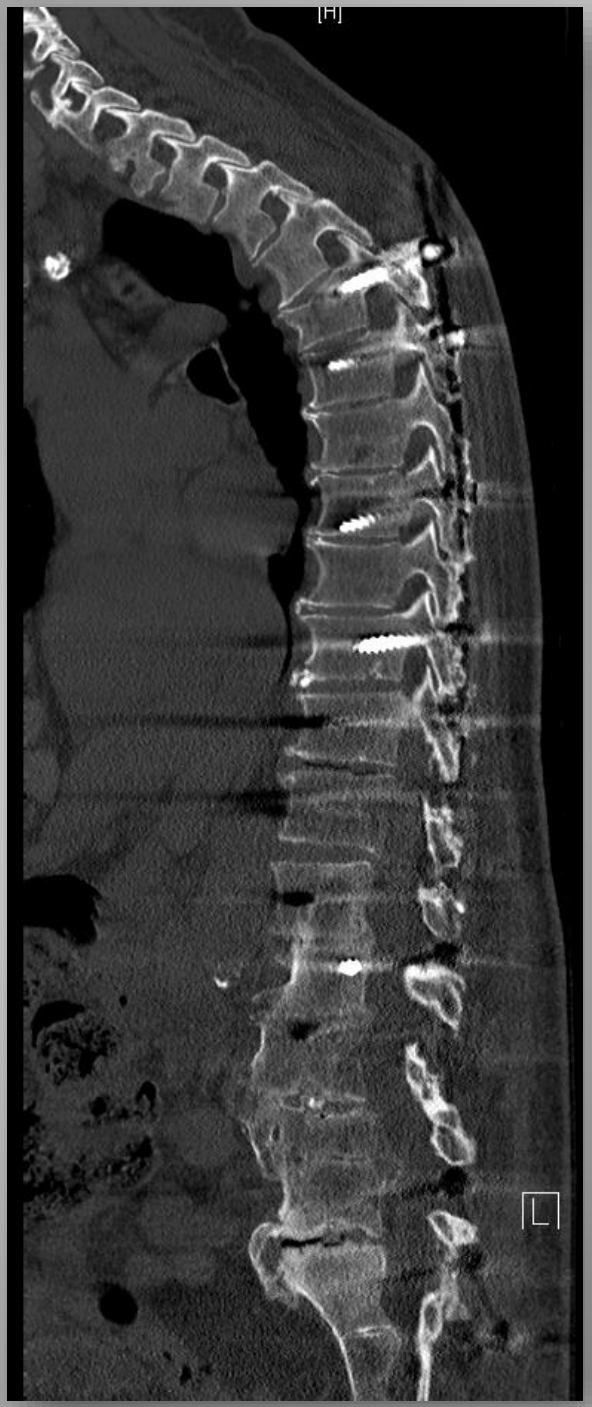

58.2
39
42.8
hyperextensi
53.8
Pre-op standing lateral
Hyper-extension lateral
Post-op standing lateral


AP
ERECT


WT BEARING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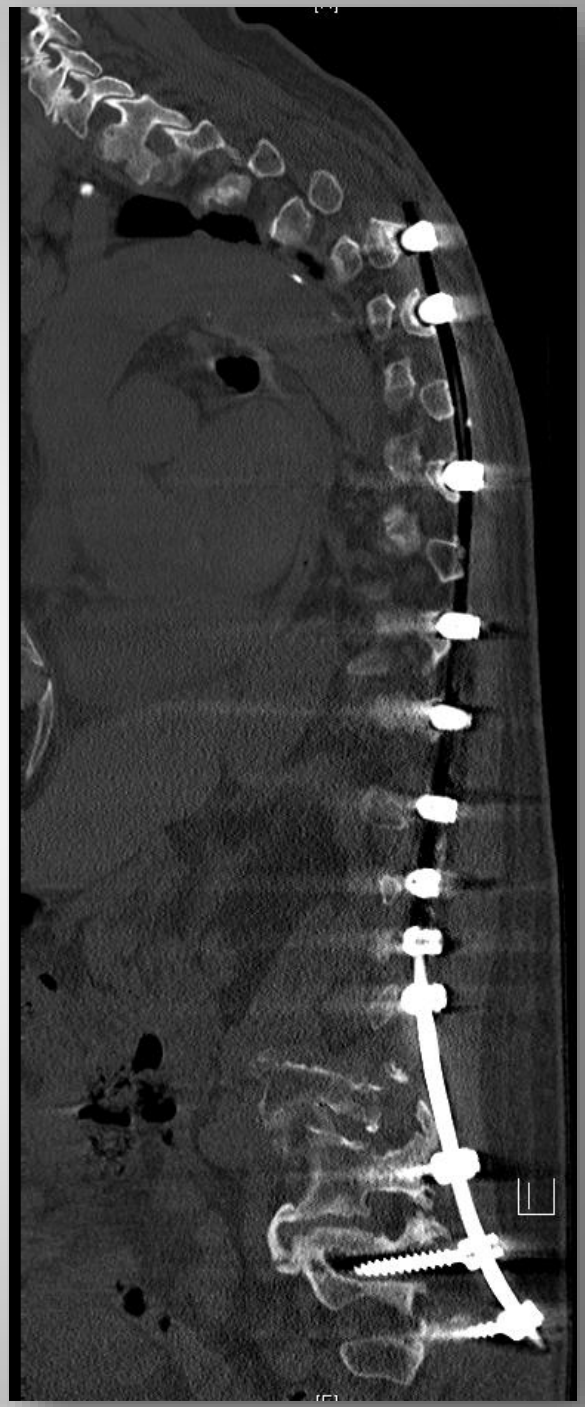
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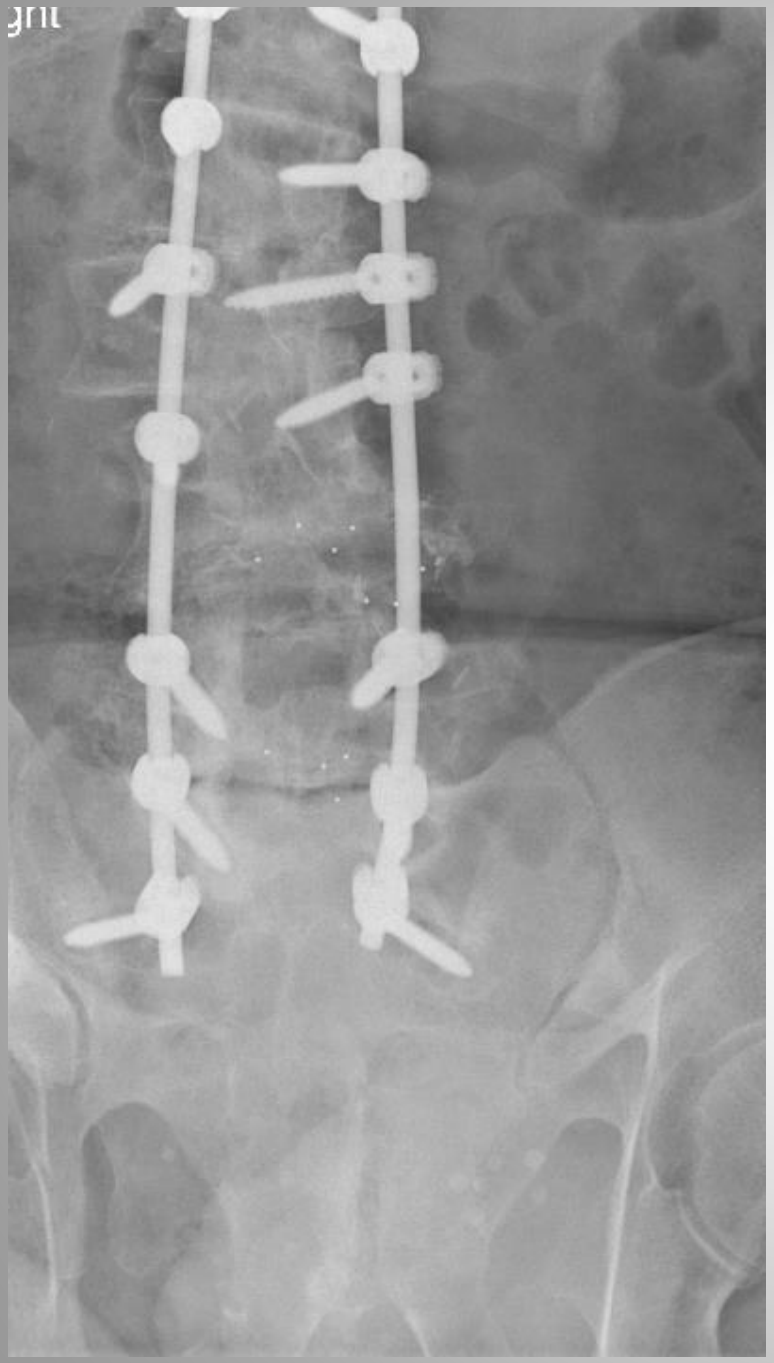

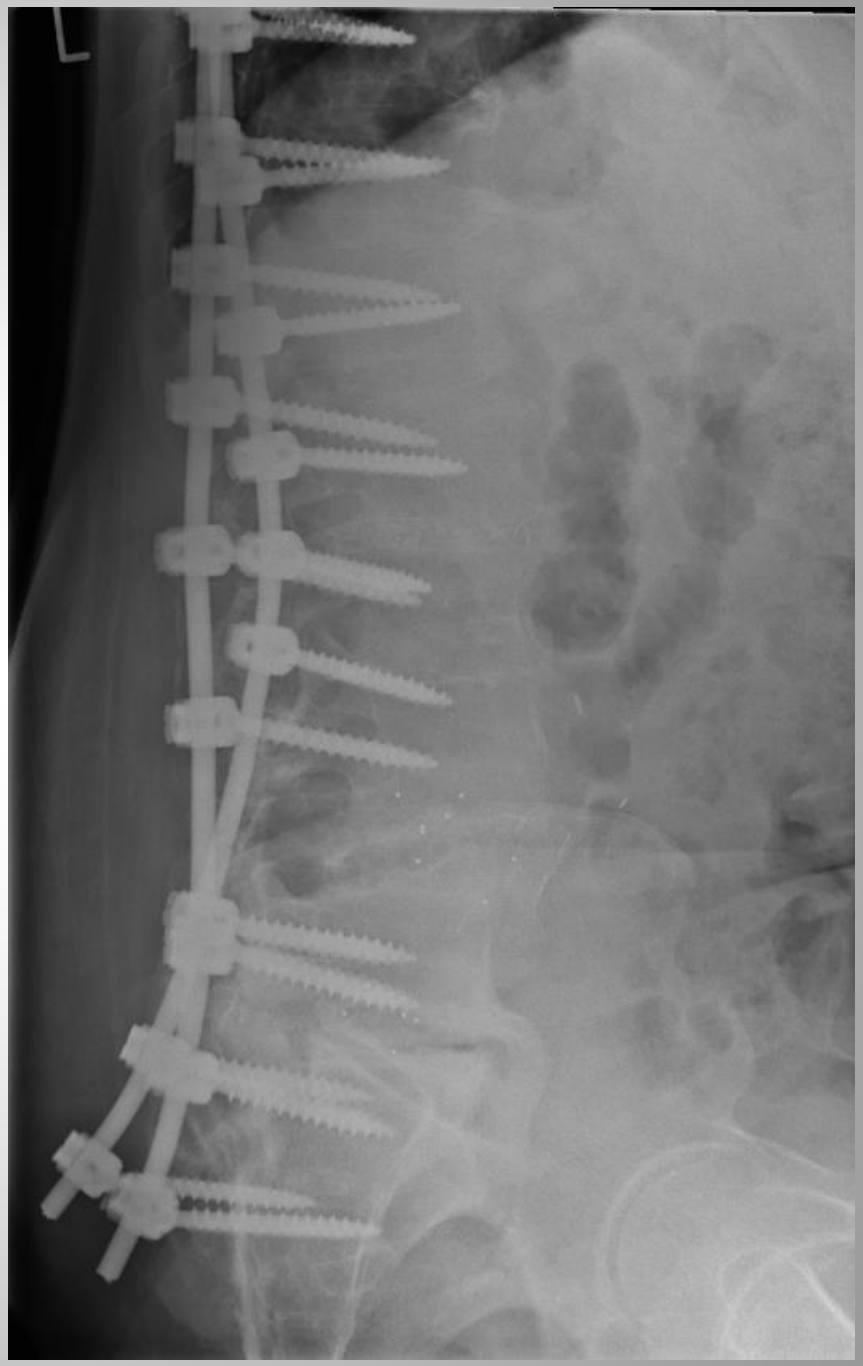


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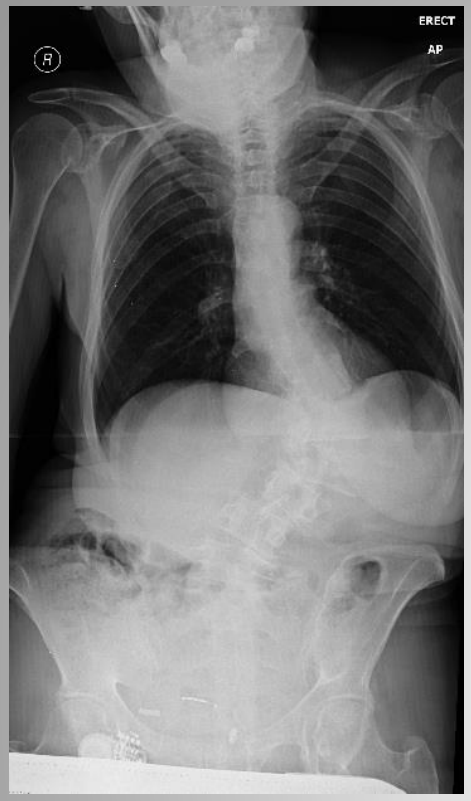
R
ERECT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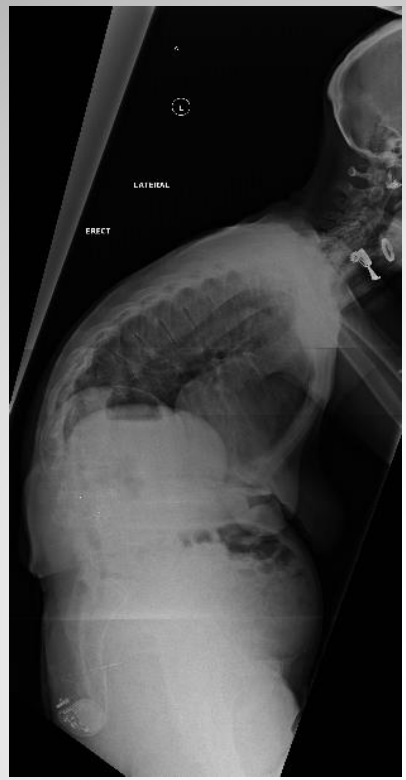
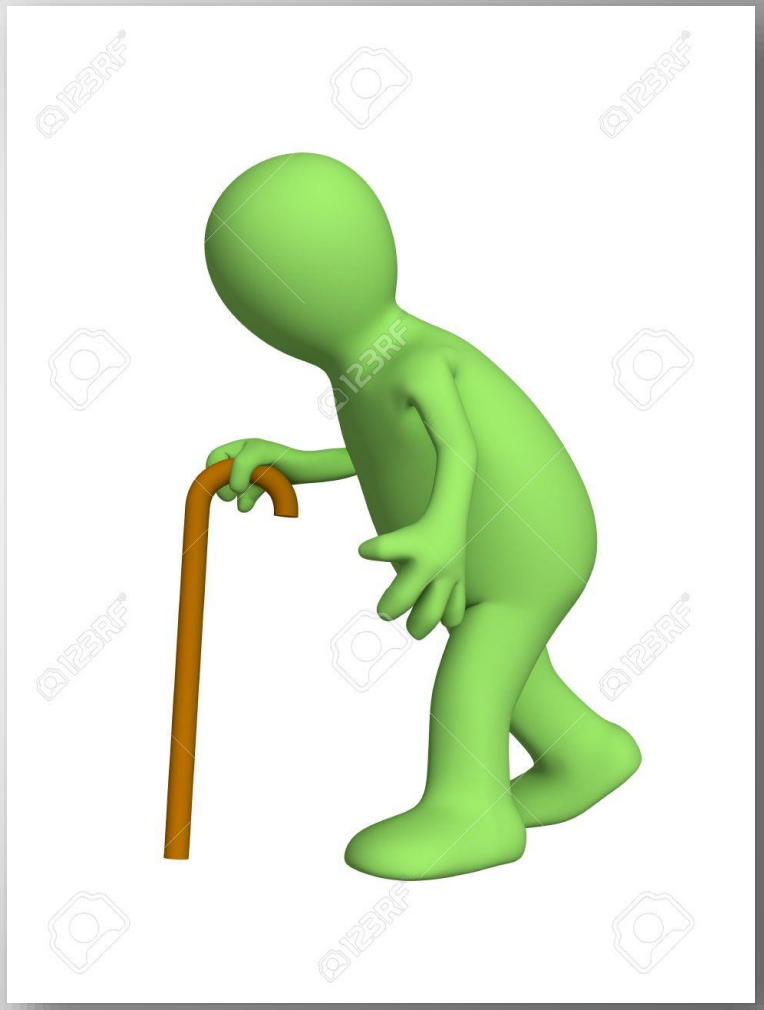

LATERAL
ERECT


PA
ERECT


ERECT

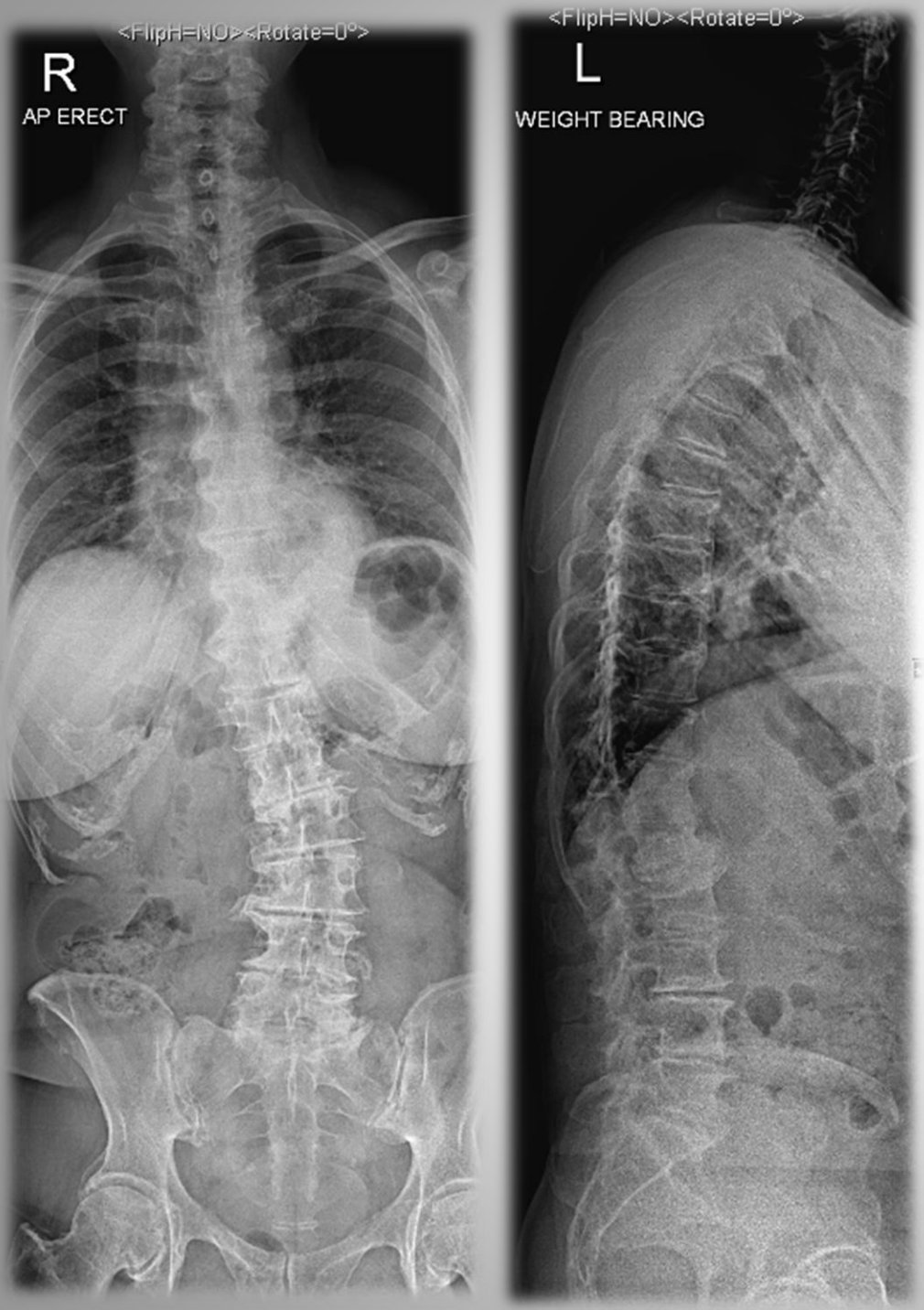
When to refer

- Unable to stand upright
- New ‘forward gaze’ issues
- Static or dynamic ‘stoop’
- Loss of ‘height’



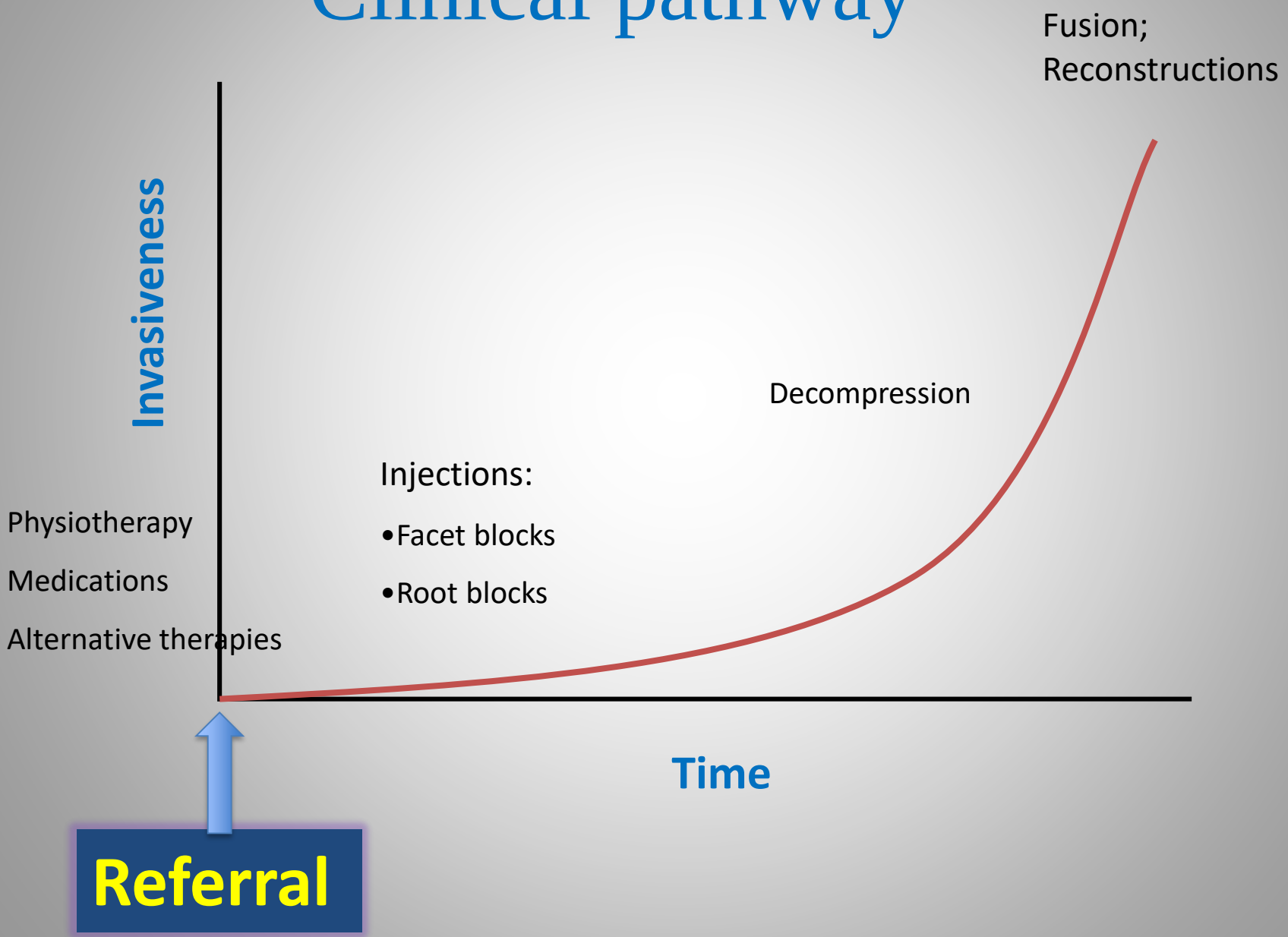
When to refer

- Axial back pain
- Radiation: thigh pain; claudication; groin pain
- Myotomal radiation
- Refer early……not all need surgery



- Active
- Back pain
- ‘Leans over’ after a long walk
- Difficulty in ‘straightening up’ when standing up from sitting

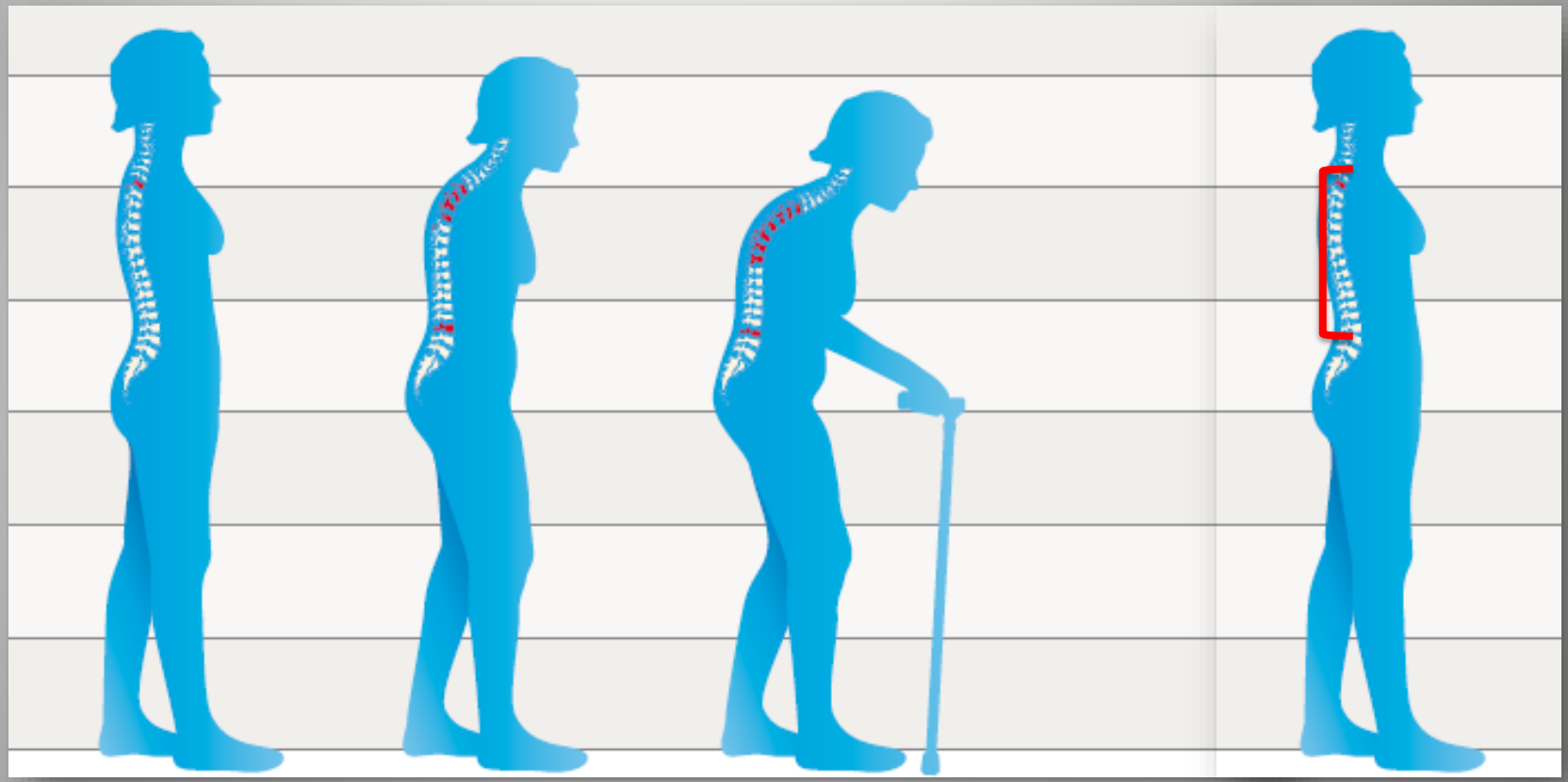
Clinical pathway



Never too early!

- Not everyone needs an operation
- Understanding expectations
- Tailor management
- Review over time

mehtaspine



BMI Healthcare

Serious about health. Passionate about care.