

Early onset scoliosis

Early-onset [scoliosis](#) (EOS) is defined as a curvature of the [spine](#) in children $>10^\circ$ with onset before age 10 years. Young children with EOS are at risk for impaired pulmonary function because of the high risk of progressive [spinal deformity](#) and thoracic constraints during a critical time of lung development.

A retrospective case-match analysis consisting of 12 cases of EOS treated with the Dual Growing Rods (DGR) + apical control convex pedicle screws (ACPS) technique (group A) from 2010 to 2020, and matched with TDGR case (group B) at a ratio of 1:1 by age, sex, curve type, major curve degree, and apical vertebral translation (AVT). Clinical assessment and radiological parameters were measured and compared.

Results: Demographic characteristics, preoperative main curve, and AVT were comparable between groups. The correction ability of the main curve, AVT, and apex vertebral rotation was better in group A at index surgery ($P < .05$). The increase in T1-S1 and T1-T12 height was large in group A at index surgery ($P = .011$, $P = .074$). The annual increase in spinal height was slower in group A, but without significant difference. The surgical time and estimated blood loss were comparable. Six complications occurred in group A, and 10 occurred in group B.

Conclusion: In this preliminary study, ACPS seems to provide better correction of apex deformity, while attaining the comparable spinal height at 2-year follow-up. Larger cases and longer follow-up are needed to achieve reproducible and optimal results ¹⁾.

[Magnetically controlled growing rods](#) (MCGR) were developed as an [outpatient distraction system](#) for EOS, allowing to avoid multiple surgeries.

A [systematic review](#) was conducted according to the [PRISMA](#) guidelines. [PubMed](#), [Google Scholar](#), [Embase](#) and [Scopus](#) were accessed in May 2022. All the [clinical trials](#) which investigate the role of MCGR for early-onset scoliosis were accessed. Only studies reporting data in patients younger than 10 years with a preoperative [Cobb Angle](#) greater than 40° were eligible. The following data were extracted at baseline and at last follow-up: mean kyphosis angle, overall mean Cobb angle, and mean T1-S1 length. Data from complications were also collected.

Data from 23 clinical studies (504 patients) were included in the present study. 56% (282 of 504) were females. The average length of the follow-up was 28.9 ± 16.0 months. The mean age of the patients was 8.7 ± 1.9 years old. The mean BMI was 17.7 ± 7.6 kg/m². The mean kyphosis angle had reduced by the last follow-up ($P = 0.04$), as did the overall mean Cobb angle ($P < 0.0001$), while the overall T1-S1 length increased ($P = 0.0002$). Implant-associated complications, followed by spinal alignment failure, wound healing ailments, pulmonary complications, progressive trunk stiffness, persistent back pain, and fracture.

The management of EOS remains challenging. The current [evidence](#) indicates that MCGR may be effective to distract the spine and modeling the curve in EOS ²⁾.

Growing instrumentation procedures in EOS are associated with a low risk for post-operative shunt complications in patients with ventriculoperitoneal shunts. There were no shunt revision procedures performed in the first 2 years following rib-based device insertion. Sixteen percent of patients went on to require a shunt revision at some point during their follow-up, which is comparable to the baseline rate of shunt revision in non-EOS patients. ³⁾.

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