

Spinal Deformity in Neurofibromatosis treatment

Often progressive, which then requires surgical stabilization.

Management should be based on a meticulous assessment of the spine with plain radiography and magnetic resonance imaging (MRI) to rule out the presence of dysplastic features that will determine prognosis and surgical planning. MRI of the whole spine should also be routinely obtained to reveal undetected intraspinal lesions that could threaten scheduled surgical interventions. Non-dystrophic curvatures can be treated with similar decision-making criteria to those applied in the management of idiopathic scoliosis. However, close observation is necessary due to the possibility of modulation with further growth and due to the increased reported risk of pseudarthrosis after spinal fusion ¹⁾.

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¹⁾

Tsirikos AI, Saifuddin A, Noordeen MH. Spinal deformity in neurofibromatosis type-1: diagnosis and treatment. Eur Spine J. 2005 Jun;14(5):427-39. doi: 10.1007/s00586-004-0829-7. Epub 2005 Feb 15. PMID: 15712001; PMCID: PMC3454658.

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