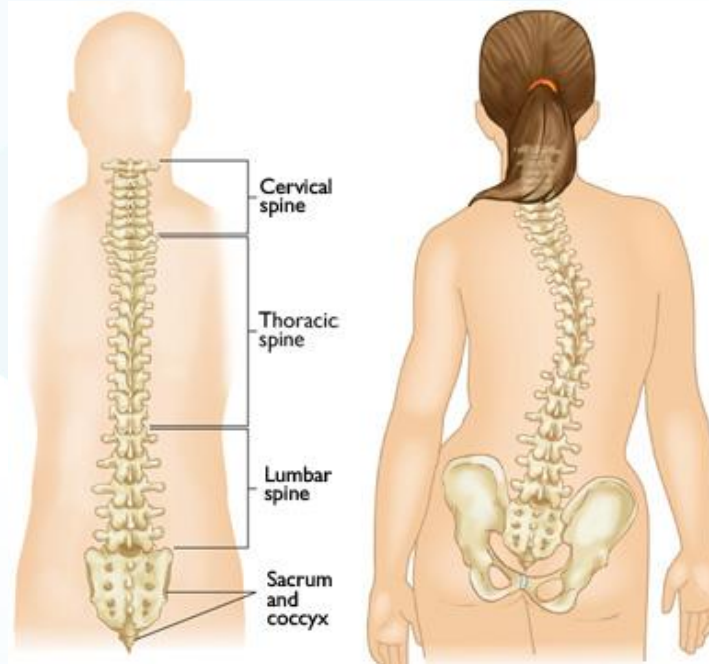


Congenital Scoliosis

Congenital scoliosis is a curvature of the spine that is caused from a defect present at birth. Roughly, one out of every 10,000 newborns have this condition and it is a lot less common than the scoliosis that will occur in adolescence. Children that have this condition will often have other health related issues, such as that of bladder or kidney problems. Even though the condition might be present at birth, it is not always possible to see problems with the spine until the child hits adolescence.

Congenital Scoliosis Anatomy

The spine is composed of a number of bones stacked in an upright position, which is referred to as the vertebral column. Individual bones within the spine are referred to as the vertebrae. The column begins under the skull and makes its way down to the buttocks. When the ligaments or bones don't develop equally on both sides of the spinal column, it can cause the spin to become curved abnormally.



How to Treat Congenital Scoliosis:

1. Observation

Children that have a small lateral curve that doesn't seem to be changing much will be monitored to ensure the curve doesn't worsen. Even though it doesn't always happen in every patient, congenital scoliosis curves do tend to get larger as the spine grows and the back deformity becomes more noticeable. It is more than likely that your little one will worsen because they still have a significant amount of growing left to do. Sometimes a parent will notice a lump protruding from the back, especially when wearing a vest or tight t-shirt. This lump is actually the shoulder blade that is being put into an abnormal position by the rotation of the spine.

The child will be followed throughout the different changes of the curve using x-rays that are taken every six to twelve months throughout the formidable growing years. Physical activity hasn't shown an increased risk for the curve progressing. Children who have congenital scoliosis are able to participate in the majority of hobbies and sports.

2. Casting or Bracing

Casts and braces are often not as effective in the treatment of the curvature that is caused by congenitally abnormal vertebrae, but they can be useful in controlling compensatory curves when the vertebrae are shaped normally.

3. Spinal Fusion

In spinal fusion, the abnormally curved vertebrae are fused together so they are able to heal into a solid bone. This helps to stop the growth within that segment that was abnormal, as well as prevent the curve from getting any worse. Another form of fusion can involve a metal rod being screwed along both sides of the vertebra and this is more commonly done. Surgery is extensive, and recovery can be anywhere around one year or more. Results are typically good at correcting the scoliosis.

4. Hemivertebra Removal

Single hemivertebra can be removed surgically. Partial correction of the curve achieved by using this procedure can be maintained with the use of metal implants. The procedure only fuses two to three of the vertebrae together.

Tips:

- Girls tend to be more prone to scoliosis than boys.
- Very mild curvatures or mild scoliosis is very common in humans, when the spine rarely grows completely straight. It is far more likely to deviate due to so many vertebrae forming the chain.
- If you begin noticing arm or leg numbness, pain in the back, weakness of the arm or leg and trouble breathing, you may want to be evaluated for scoliosis.
- Most of those who have the condition will lead a normal life.
- Only severe instances of scoliosis will require surgery to correct the problem.