

Painful scoliosis associated to idiopathic extension contracture of the cervical spine. A report of fourteen cases

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Material and Methods

Retrospective study of 14 patients who were referred to our institution (1995-2010) under the diagnosis of scoliosis deformity and cervical or thoracic pain



On clinical examination all of them in spite of a scoliosis deformity showed inability to flex the cervical spine

All of them had difficulty on daily activities as buttoning shirt, fastening a belt, eating and thoracic pain on forward bending



A.P. / lateral X-Ray. laboratory work, M.R.I., and neurophysioly studies were performed to excluded other diagnoses.



Results

- The minimum follow up was 2 years, 9 were boys and 5 were girls, mean age of 14 years (8 to 20 Y)
- 13 thoracic curves, 7 left, 6 right, 1 double curve
- main Cobb angle 26,7° (13°-87°)
- One patient with scoliosis underwent posterior fusion before being diagnosed of idiopathic contraction of the ligamentum nuchae

Results

- Surgical release of the tight ligament was performed in all cases (it was divided and excised transversally)
- No collar was use after the operation and rehabilitation program was carried out at least for 3 months
- The thoracic back pain disappeared and cervical movement increased. The scoliosis improved in one case and increases in one case (growing rods).

09 2007

09 2010

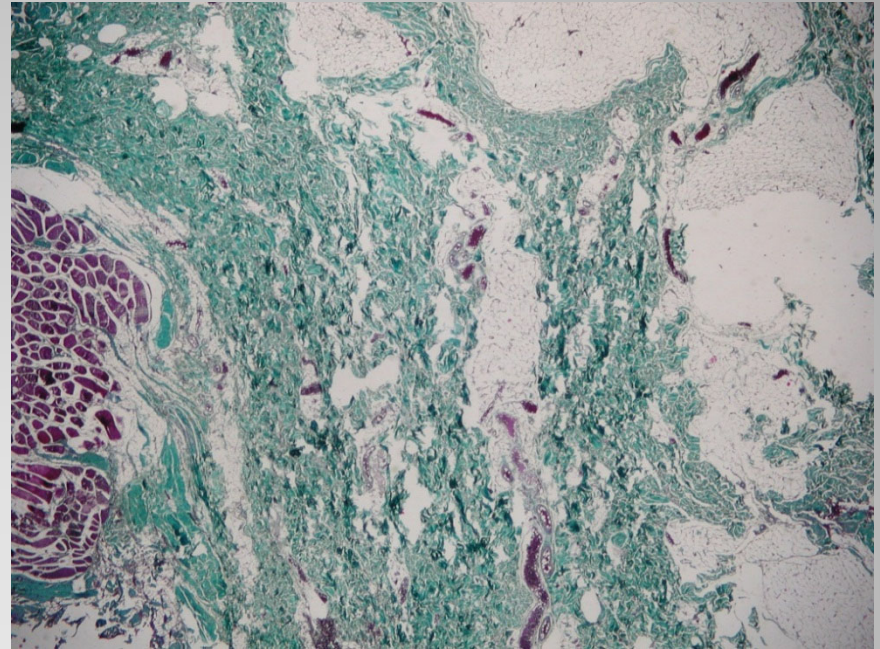
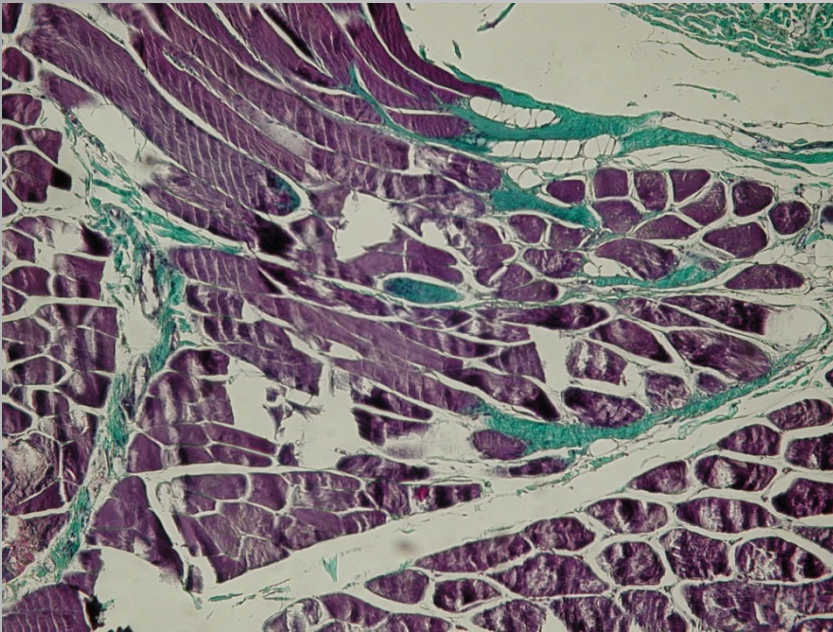


All patients improved after the operation, the thoracic back pain disappeared and they could place their chins nearly to the sternum

This patient with juvenile idiopathic scoliosis required fusionless surgery with growing rods after the ligamentum nuchae was released



Histopathology findings



The resected ligamentum showed muscle tissues with fibrosis and muscle fibrous tissue transition.

• **Conclusions**

- Painful thoracic scoliosis associated to Idiopathic extension contracture of the cervical spine is a rare clinical entity that can cause significant disability.
- In young patients with back pain or scoliosis this diagnosis must be considered.
- These patients benefit from surgical release of ligamentum nuchae