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CONGENITAL AND ACQUIRED SCOLIOSIS IN CHILDREN: EARLY DIAGNOSIS AND REHABILITATION

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Annotation

This thesis explores modern methods for early detection, diagnosis, and rehabilitation of congenital and acquired scoliosis in children. Early intervention with comprehensive screening and evidence-based treatments improves outcomes and reduces surgery. Advanced imaging and standardized assessments enhance diagnosis, while personalized rehabilitation, orthotics, and multidisciplinary care optimize spinal function during growth.

Keywords: pediatric scoliosis, congenital scoliosis, adolescent idiopathic scoliosis, early diagnosis, rehabilitation, conservative treatment, spinal deformity, Cobb angle

Today's pediatric scoliosis is a common spinal disorder affecting 0.47% to 5.2% of children worldwide. It involves a lateral spinal curvature over 10 degrees, often with vertebral rotation. Congenital scoliosis arises from embryonic vertebral defects and worsens if untreated, while acquired scoliosis, mainly adolescent idiopathic, appears during rapid growth without clear cause. Early detection and conservative treatment are crucial, as they can slow progression, reduce surgery rates, and improve long-term outcomes.

Pediatric scoliosis pathophysiology involves complex interactions of genetic predisposition, biomechanical factors, and environmental influences during spinal development. Congenital scoliosis results from vertebral formation or segmentation failures between the fifth and eighth weeks of embryogenesis, with severity depending on the specific anomaly—hemivertebrae and unilateral unsegmented bars being the most progressive forms needing early intervention. Acquired scoliosis, especially adolescent idiopathic scoliosis, has multifactorial causes including genetic susceptibility, hormonal effects, neuromuscular control



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deficits, and asymmetric growth during puberty. Modern diagnostics combine clinical assessment with advanced imaging for early detection and curve monitoring. Clinical exams evaluate spinal alignment, symmetry, trunk balance, and neurological status. The forward bending test with scoliometer offers over 85% sensitivity for detecting significant curves. Low-radiation biplanar imaging provides 3D reconstruction while reducing radiation by up to 85% compared to traditional X-rays. MRI remains essential for assessing congenital anomalies, intraspinal pathology, and skeletal maturity. Rehabilitation has evolved with evidence supporting conservative treatments. Individualized exercise therapies, such as the Schroth method and Scientific Exercise Approach to Scoliosis, improve Cobb angle, trunk symmetry, and quality of life. Orthotic bracing is key for progressive curves between 25-40 degrees; modern braces use CAD/CAM technology to optimize correction and patient compliance. Meta-analyses show about 80% success in preventing progression when braces are combined with exercise and adherence. Multidisciplinary management involves orthopedists, physiotherapists, orthotists, and psychosocial support to meet comprehensive patient needs. Early intervention includes family education, psychosocial care, and lifestyle changes to enhance treatment adherence. Surgery is reserved for severe curves (>45-50 degrees) or rapidly progressing cases despite conservative care. Growth-friendly surgical methods like growing rods and vertebral body tethering allow spinal growth while controlling deformity in young children with congenital scoliosis.

In conclusion the management of congenital and acquired scoliosis in children has improved through early detection and comprehensive rehabilitation. Systematic screening and timely conservative treatment can significantly change the progression of spinal deformities. Advanced imaging, tailored exercise therapy, and modern orthotics help optimize outcomes and reduce the need for surgery. Future research should focus on genetic biomarkers for predicting curve progression, and new conservative treatments. Successful management relies on early diagnosis, multidisciplinary care, and ongoing patient involvement during growth.



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