

Letter to the Editor

Isolated painless scoliosis in lumbar disc herniation

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Received : 18 May 2020

Accepted : 29 May 2020

Published : 20 June 2020

DOI

10.25259/SNI_287_2020

Quick Response Code:



To the Editor,

Painful scoliosis and lumbar disc herniations (LDHs) are well documented in the pediatric, adolescent, and young adult populations.^[1-3] However, isolated painless scoliosis and LDH rarely occur together and are often misdiagnosed as idiopathic scoliosis for long periods of time.

CASE REPORT

A 24-year-old male presented with a 12-month history of progressive scoliosis and difficulty walking without spinal or radicular pain. For the past several months, he had been misdiagnosed as having idiopathic scoliosis and was being treated with bracing and physical therapy without any improvement. On examination, he had a significant scoliotic deformity (i.e., tilt to the left) with a reduced range of lumbar motion and/muscle spasm restricting right lateral flexion [Figure 1]. He had no other focal neurological deficits. Plain radiographs showed a primary right lumbar curve (Cobb angle 30° and 70 mm deviation) without a rotational spinal deformity



Figure 1: Appearance of the patient's back before surgery without (a) and with bracing (b).

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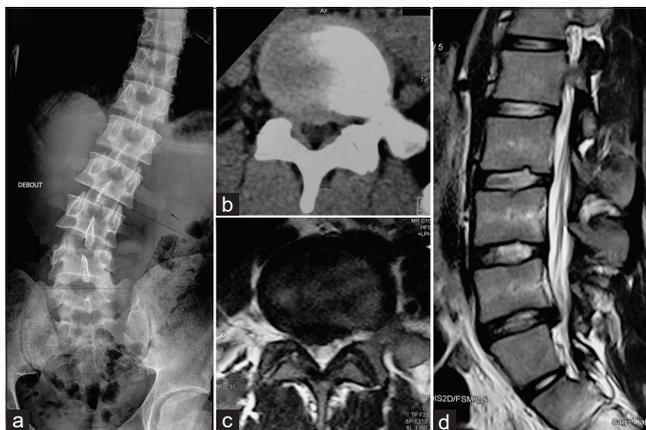


Figure 2: Anteroposterior plain radiograph of the thoracolumbar spine showing a primary right lumbar curve (Cobb angle 30° and 70 mm deviation) without rotational spinal deformity (a), axial lumbar spinal computed tomography scan (b), axial (c), and sagittal T2-weighted images (d) demonstrating a right paramedian lumbar disc herniation at L4–L5 level.

[Figure 2a]. The spinal CT scan and MR studies showed a right paramedian LDH at the L4–L5 level [Figure 2b-d]. Following a conventional right L4–L5 open discectomy, the “deformity” resolved, and the patient was neurologically intact demonstrating no recurrent symptoms 2 years later [Figure 3].

CONCLUSION

In the pediatric, adolescent, and young adult populations, and acute LDH should be ruled out with MR studies as potential causes of and/or contributing to “deformity” before assigning a diagnosis of thoracolumbar scoliosis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.



Figure 3: Appearance of the patient’s back the day after surgery. Note the spontaneous correction of scoliosis.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Akhaddar A, Belfquih H, Oukabli M, Boucetta M. Posterior ring apophysis separation combined with lumbar disc herniation in adults: A 10-year experience in the surgical management of 87 cases, *J Neurosurg Spine* 2011;14:475-83.
2. Krishnan KM, Newey ML. Lumbar scoliosis associated with a disc herniation in an adult. *Rheumatol (Oxford)* 2001;40:1427-8.
3. Suk KS, Lee HM, Moon SH, Kim NH. Lumbosacral scoliotic list by lumbar disc herniation. *Spine (Phila Pa 1976)* 2001;15:667-71.

How to cite this article: Akhaddar A, Arabi H. Isolated painless scoliosis in lumbar disc herniation. *Surg Neurol Int* 2020;11:159.