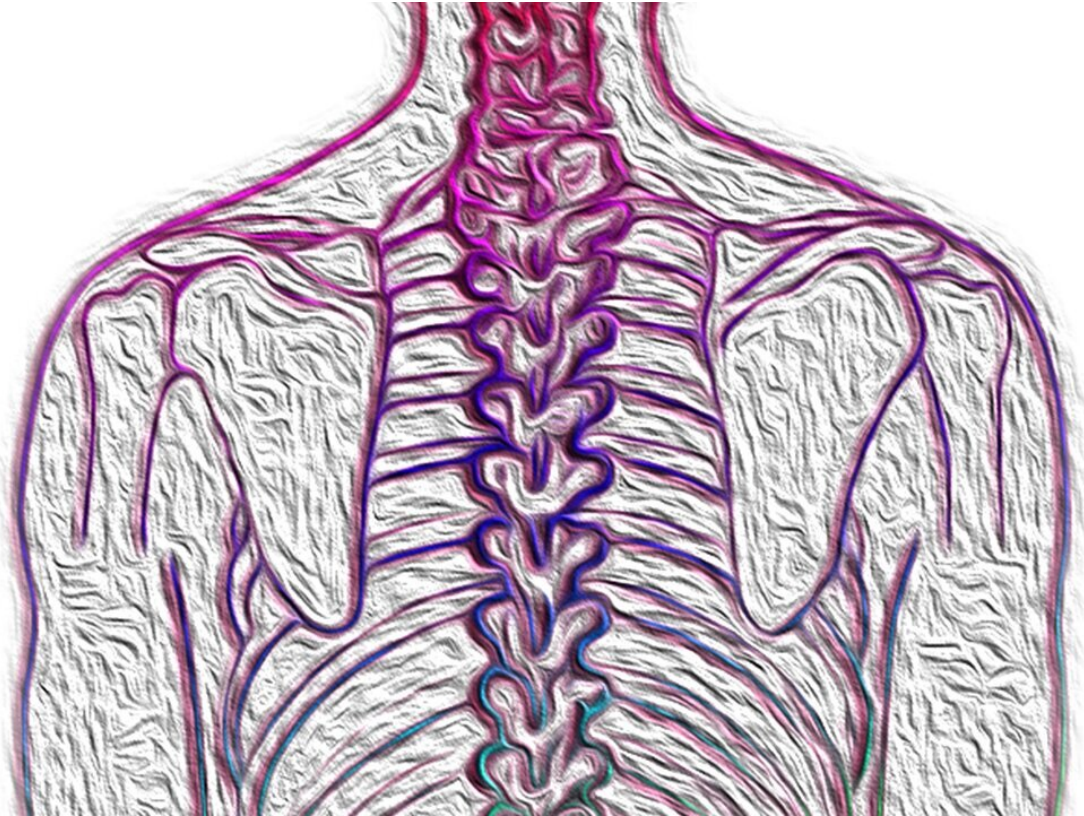


# Adults can develop scoliosis too

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Maybe you remember being screened for scoliosis in school. Or your own child has been treated to straighten a curving spine. But scoliosis is not restricted to children and adolescents; adults can develop scoliosis too.

"Adult scoliosis can be different from the scoliosis that occurs in [children](#) and teenagers, especially if it develops later on in life," says spine surgeon Dean Chou, MD, vice chair of neurological [surgery](#) at Columbia University Vagelos College of Physicians and Surgeons. He pioneered minimally [invasive techniques](#) to treat [adults](#) with the condition.

In adults who did not have scoliosis as children, the condition usually develops between ages 50 and 70 and stems from degeneration of the vertebral ligaments in the spine, disk degeneration, and asymmetric loading of the spinal column. It can cause pain in the back, buttocks, or legs.

We recently spoke with Chou, who shared three things people should know about scoliosis that begins in adulthood.

## **Scoliosis is common in adults**

It's not known exactly how often scoliosis develops in adults, but one recent study estimated that 1 in every 3 adults between the ages of 40 and 90 may be affected. The curve usually occurs in the lower back. Unfortunately, we don't know of any way to prevent scoliosis from occurring.

People who hunch forward and have a back hump may not have scoliosis. They may have kyphosis (abnormal forward bending of the spine) instead.

## **Scoliosis doesn't always need treatment**

Many [patients](#) don't have [symptoms](#) and don't even know they have scoliosis. Unlike in children, we generally don't treat adult scoliosis until it causes symptoms. Even patients with very large curvatures do not need

treatment if they have no symptoms. They live normal lives, they're active, they go to work, and they do everyday things with scoliosis.

There are patients who will have symptoms from [scoliosis](#), however, and this can manifest as either back, buttock, or leg pain or difficulty walking and standing. In these patients, the spine may be shifting to the point where it pinches the nerves. If the symptoms are bad enough, treatment is a very reasonable option.

## **Surgery is the last resort**

In patients who have symptoms, the three non-operative mainstays are [physical therapy](#), medication, and injections.

It's only when the patient's pain is so bad, and their quality of life is so impeded, that surgery is indicated. Patients generally opt for surgery when their quality of life is unacceptable to them.

Scoliosis can be treated surgically in the traditional open manner or in a minimally invasive manner. The best option for the patient depends on the patient's condition, type of problem, and personal preferences. Minimally invasive surgery is a fantastic option for certain cases, but there are a lot of cases in which open surgery is the definitive treatment. Every patient should be evaluated individually to determine the best option.

Provided by Columbia University Irving Medical Center

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