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TITLE: CORRECTION OF SCOLIOSIS BY MIXED TECHNIQUE XLIF AND TLIF T9-S1 BY NAVIGATION WITH O-ARM AND STEALTH STATION AND NEUROMONITORING.

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INTRODUCTION: Degenerative scoliosis can be divided into 2 large groups: structural (traumatic, idiopathic, de novo, neuromuscular) and non-structural (postural, compensatory, sciatic, idiopathic). Considering scoliosis to a curve >10 degrees, according to the Cobb method, scoliosis prevails in ranges of 1-10% of the general population and up to 30% of elderly patients, being commonly diagnosed in >40 years , having as prevalence curves of 10 degrees 64%, 10-20 degrees 44%, >20 degrees 24%, a prevalence 1:1 Woman/Man rarely 40 years, having a mean age of 70.5 years at the time of his presentation. They present with symptoms of spinal stenosis: worsening low back pain, radiculopathy (dysesthesias, paresthesias).

CLINICAL CASE: A 62-year-old female patient attended her first consultation on the day (04/28/2021) with BMI: 24, without chronic-degenerative diseases, without significant APP, who presented with lumbar axial pain EVA 8/10, ODI: 62 %

(disabled) with dysesthesias towards the Left pelvic limb, of 6 months of evolution with intensification of the same in the last month (May/2021), presented with panoramic radiographic images of the spine, giving a diagnosis of Left Thoraco-lumbar Degenerative Scoliosis.

It is classified according to SRS-Schwab (curve: L, PI-LL(0), GA-SVA (0),PT (+)), Rossouly (4) COBB:.

TX: Correction of Mixed Scoliosis by Anterior Fusion by XLIF technique (eXtrem Lateral Interbody Fusion) to T12-L1,L1-L2,L2-L3,L3-L4, Posterolateral fusion T9-S1 Pedicle Screws Under Navigation O-arm and Stealth station, Anterior Interbody Fusion Technique TLIF L5-S1.

DISCUSSION: The therapeutic objectives are: correction of curves with neutral coronal balance, neutral sagittal balance, elimination of radiculopathy towards the affected limb, improvement of strength and sensitivity of the pelvic limbs.

CONCLUSION:

The patient was evaluated for motor and sensory function, as well as osteotendinous reflexes 10 days after surgery, being normal, as well as classified on the Oswestry low back pain disability scale (ODI) (6 pts 10% minimum disability).