CORRESPONDENCE

Strategies for Treating Scoliosis in Early Childhood

by Dr. med. Karsten Ridderbusch, PD Dr. med. Alexander S. Spiro, Dr. med. Philip Kunkel, Dr. med. Benjamin Grolle, Prof. Dr. med. Ralf Stücker, and Prof. Dr. med. Martin Rupprecht in issue 22/2018

Ocular Torticollis

When I look at the impressive images of growing rods in the treatment of scoliosis in early childhood (1), I am reminded of numerous children with scoliosis as a result of ocular torticollis. These patients occasionally had chronic pain as adults and had in many cases had spinal surgery in childhood. A causal diagnosis had unfortunately never been made, neither by the initially treating pediatricians nor, later, by orthopedic surgeons or ophthalmologists.

The original symptoms of trochlear nerve palsy with abnormal head posture had lessened over time as a result of compensation of the bodily posture, with the result that only the scoliosis remained, along with the head and back pain. Corrections were then undertaken at the wrong site: not on the ocular muscles, but on the hip and spine.

What is of note is that trochlear nerve palsy with the classic torticollis and forced posture is not the only

potential cause for such problems. All other types of ocular motor dysfunction, such as microstrabismus, strabismus, and heterophorias—where the ocular muscle palsy prompts abnormal head postures and subsequent scoliosis—also cause relevant problems.

The barely visible abnormal head posture is always directed towards the palsied muscle in order to alleviate the problem. In cases of scoliosis, ophthalmological causes should always be considered, so as to ensure that treatment approaches do not target the wrong sites.

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References

1. Ridderbusch K, Spiro AS, Kunkel P, Grolle B, Stücker R, Rupprecht M: Strategies for treating scoliosis in early childhood. *Dtsch Arztebl Int* 2018; 115: 371–6.

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In Reply:

Ocular torticollis subsequent to trochlear nerve palsy is a disease pattern that should always be excluded in torticollis.

Our article (1) focused on children younger than 10 years of age with structural scoliosis requiring treatment.

The pathogenesis is primarily of a syndromal and neuromuscular nature. We are not aware of any cases of structural scoliosis in early childhood as a result of ocular torticollis, and we were not able to identify any such cases in the literature either. On the basis of unrecognized torticollis, secondary postural asymmetries may certainly develop, but these were not the subject of our review article (1).

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References

1. Ridderbusch K, Spiro AS, Kunkel P, Grolle B, Stücker R, Rupprecht M: Strategies for treating scoliosis in early childhood. *Dtsch Arztebl Int* 2018; 115: 371–6.

On behalf of the authors

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Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists.