Scoliosis – High Yield MCQ Revision Notes

Definition

Scoliosis is a lateral curvature of the spine with a Cobb angle ≥ 10°, associated with vertebral rotation.

Types of Scoliosis

1. Idiopathic (most common) – Infantile, Juvenile, Adolescent
2. Congenital – failure of formation or segmentation
3. Neuromuscular – cerebral palsy, poliomyelitis, muscular dystrophy
4. Syndromic – Marfan syndrome, Neurofibromatosis
5. Degenerative (adult scoliosis)

Common MCQ Facts

1. Most common type: Adolescent idiopathic scoliosis
2. Most common curve: Right thoracic
3. Females have higher risk of progression
4. Curve progression depends on Cobb angle and skeletal maturity

Clinical Features

1. Shoulder asymmetry
2. Unequal waist triangles
3. Rib hump on forward bending
4. Pelvic tilt in severe cases

Adam's Forward Bend Test

A screening test for scoliosis. Presence of rib hump indicates vertebral rotation.

Investigations

1. Standing X-ray whole spine – AP and lateral views
2. Cobb angle – measures severity
3. Risser sign – assesses skeletal maturity
4. MRI – indicated in atypical curves or neurological findings

Cobb Angle Interpretation

Cobb Angle	Severity
< 10°	Not scoliosis
10–20°	Mild
20–40°	Moderate
> 40°	Severe

Management (Very High Yield)

1. Observation – Cobb angle < 20°
2. Bracing – 20–40° in skeletally immature patients
3. Surgery – > 40–45° or progressive deformity

Complications

1. Cosmetic deformity
2. Restrictive lung disease in severe curves
3. Back pain in adult scoliosis

Ultra High-Yield MCQs

1. Investigation of choice → Standing X-ray spine
2. Screening test → Adam's forward bend test
3. Angle used → Cobb angle
4. Skeletal maturity → Risser sign
5. Most common curve → Right thoracic