

Comment

Original papers presented in the first part of current issue cover various aspects of pediatric spine pathologies.

Chowanska et al. analyze the usefulness of pediatric spine clinical examination in standing position with Adams forward bending test as a screening for scoliotic and kyphotic deformity.

Sitting position has an advantage over widely accepted standing position as it provides postural stability, reduces the influence of pelvic obliquity or rotation and limb length discrepancy on spinal alignment. The study shows that clinical parameters acquired in sitting correlated better with surface topography. The data from the study itself may have practical applications as it provides more accurate way of screening patients for pediatric spine pathologies by reducing the large amount of false-positive and false-negative results.

Stolinski et al. evaluated postural active self correction in children in a response to “stand straight” and “straighten-up” commands. Authors proved that in contrast to parents and caregiver intentions, after such commands children tend to perform incorrect motion sequence leading to worsening of spinal alignment. This suggests that children need to be educated in terms of understanding correct and incorrect posture as well as in the appropriate methods of active self correction. It is important to note that this issue is not addressed adequately in the program of physical education or corrective gymnastics classes.

Tomaszewski et al. analyze possibilities for reduction of homologous blood transfusions due to scoliosis surgery. Due to extensiveness of the approach and high level of complexity of such surgeries reducing the need for homologous blood transfusions requires application of various autotransfusion methods. This is demanding in current healthcare system reality both in terms of financial burden as well as logistics. Even though difficult, with appropriate planning, these extensive procedures may be performed without foreign blood transfusion.

Tyrakowski et al. present an unusual case of rapid curve progression in a pre-adolescent female entering growth spurt, with no clinical and radiographic symptoms allowing prediction of disease dynamics. The study points out the need for careful monitoring of scoliosis in children at the beginning of skeletal maturation.

In the next part of the issue studies regarding lower limb pathologies are being presented.

Ostiak and Peretiatkowicz evaluate the efficacy of kinesiotaping as supportive treatment method of soft tissue injuries of lower extremities. On the example of adolescent athletes they present beneficial pain relieving action. Range of motion and proprioception evaluation results show also that natural healing process is not impaired.

Fryzowicz and Koczewski present long bone surgical epiphysiodesis as a method of treatment in limb length discrepancy of various etiologies. They summarize the experience of the Department with this method, pointing out the efficacy and presenting possible complications.

Pietrzak et al. present an analysis of complications in the treatment of residual pathologies after the treatment of long bone osteomyelitis. Most common deformities are limb length discrepancy and angular deformities. They were treated with the Ilizarov method. These severe deformities require treatment that is in high risk of complications. The aim of the study was to present and categorize complications on various stages of treatment.

Shadi and Koczewski present an unique material consisting of seven patients with congenital pseudarthrosis of the tibia which is a rare and exceptionally hard to treat disease. They publish good results of operative management based on personal experiences, combining various operative techniques allowing for appropriate bone healing and good functional outcome.

Sionek et al. in two papers present the influence of twin pregnancy on the risk of developmental dysplasia of the hip. These studies are the basis to reverse a myth regarding the etiology of this disease in twins. Authors proved that twin pregnancy didn't increase the risk of developmental hip dysplasia, despite the higher number of risk factors in this group of newborns.

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