

The GRADE approach was used in order to classify the quality of evidence into one of four levels—high, moderate, low, and very low. Even if the aforementioned two studies were to have been included in our systematic review, our conclusions that the current evidence on this subject is being moderate would not have changed. The authors support the implementation of scoliosis screening as a means of detecting curves at an early treatable stage while making recommendations for improvement.

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Letter to the Editor concerning: Crawford 3rd CH, Larson N, Gates M, et al Spine Deformity 5(2017):284–302



To the Editor:

The papers created by the “Evidence-based Medicine Committee of the SRS” published by our Journal are important to the members of the Scoliosis Research Society (SRS).

The most recent one—on Pediatric Spondylolisthesis [1]—was of special interest to me, and my co-authors, because of my unique exposure to 46 patients with spondyloptosis whom I reconstructed during my active surgical practice. I was disappointed that the article published in *Spine* by Drs. Yue, Brodner and myself [2] was not included in the bibliography, and that the contents of the paper was also not referenced by the authors of the Evidence-based paper.

High-grade spondylolisthesis (HGS) and spondyloptosis are the most severe forms of pediatric spondylolisthesis. These two fortunately, uncommon problems certainly do lead children, adolescents and adults to require operative treatment by SRS members, to prevent and correct commonly SEVERE crippling.

In the mid-1990s, two of my fellows reviewed the spondyloptosis patients I had reconstructed up to that time during their Fellowships. We wanted to learn why patients developed HGS and, particularly, spondyloptosis [2].

Their paper identified the fact that EACH of these operated spondyloptosis patients had SACRAL ROUNDING. We were proud to have identified this essential fact, since the early identification of a patient with early sacral rounding can serve as an “early-warning” sign to their physician-surgeon consultant that “something serious” may happen to this child or adolescent, and that, “perhaps, I should watch this patient more carefully than the other children who do not have sacral rounding”.

No other previous paper had ever identified the relevance of sacral rounding before, or an easily- identified structural abnormality which could identify the “patients-at-risk” for developing HGS or ptosis.

After identifying this fundamental fact, we came to the conclusion that, particularly because these patients seemed to have developed their structural abnormality during late childhood and/or adolescence, the problem was similar to slipped capital femoral epiphysis, or Blount’s disease of the upper tibia—both structural abnormalities due to obvious physical derangement of the final years of growth and maturation of a large, weight-bearing growth plate.

This review and experience also taught us that there was a spectrum of HGS, from HGS to spondyloptosis, just like the spectrum of mild, moderate, or severe slipped capital femoral epiphysis, or mild, moderate, and severe Blount’s disease.

Dr. Yue then created two movies to summarize the information we had learned. The first movie clearly shows how spondyloptosis develops—from a normal spine. His second movie shows how their posture and gait become awkward, unique, and easy to identify, in particular, for doctors who have seen this gait before. We feel certain that these movies could be useful to members of the SRS who see children and adolescents in their practice, and/or who will teach their peers and patients about HGS and ptosis.

We have placed these movies on the SRS website so they can be easily found and used by interested SRS members.

The link to the movies is: <http://www.srs.org/members/online-education/spondyloptosis-videos>.

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References

- [1] Crawford 3rd CL. Current evidence regarding the treatment of pediatric lumbar spondylolisthesis: a report from the Scoliosis Research Society Evidence Based Medicine Committee. *Spine Deformity*. 2017;5:284–302.
- [2] Yue WB, Brodner W, Gaines RW. Abnormal spinal anatomy in 27 cases of surgically corrected spondyloptosis: proximal sacral endplate damage as a possible cause of spondyloptosis. *Spine*. 2005;30:S22–6.

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On behalf of the Scoliosis Research Society (SRS) Evidence Based Medicine (EBM) Committee, we appreciate your interest in our recent systematic review on treatment of pediatric spondylolisthesis [1]. We recognize