

## Early Onset Scoliosis Series—An Editor’s Perspective

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This volume marks the third and final volume of the Early Onset Scoliosis (EOS) article series. This was our first topical spine series for *JPOSNA* and it was a huge achievement and contribution to the literature, with several articles in each volume and a multitude of instructional multimedia.

We congratulate and thank

each of the authors, especially Dr. Grant Hogue who led the effort, and the Pediatric Spine Study Group (PSSG) for their important work that has set the standard for *JPOSNA* series to come. The articles included:

- Hogue G. *Early Onset Scoliosis Series Announcement*
- Murphy R, Mooney J. *The First Generation of Early Onset Scoliosis Care*
- Welborn M, Sanders J, D’Astous J. *The Evolution of EDF Casting*
- Hogue G, Emans J. *Thoracic Insufficiency Syndrome*
- Anari JB, Tuason D, Flynn JM, Akbarnia BA. *Instrumentation Strategies for Early Onset Scoliosis*
- Glotzbecker MP. *From the Wild West to the Moon: The Future of Early Onset Scoliosis*
- Matsumoto H, Snyder B. *Improving the Quality of Clinical Research: A Step-by-Step Tutorial*

EOS remains the challenging black box of pediatric spine, and because it has a detailed treatment history and treatment options, pathophysiology beyond that which is typical of orthopaedic problems, and still many unanswered questions, it was a large and important topic for our series.

These articles framed the past, present, and future of EOS care through several key points to highlight:

- Early studies of EOS natural history did not divide the patients by etiology, which vary widely as do the outcomes, and thus we should apply the later EOS category-specific findings when treating and counseling our patients.
- Thoracic insufficiency syndrome can be classified as asymmetric which is associated with EOS or symmetric which is associated with global longitudinal or transverse thoracic hypoplasia; no current treatment has been shown to improve the restrictive lung disease, but with growth-friendly implants, mortality can be reduced.
- Many treatment options exist for EOS, from casting and bracing to growth-friendly surgical implants; none are without their complications and having the ability to employ many different treatment tools is the best way to approach and individualize care for various ages and EOS etiologies.
- In the future, focus should shift from *how* to treat the curves to *why* early onset scoliosis occurs and in each case what that means for growth potential; this understanding may lead to novel treatment prior to the development of the scoliosis or more time-targeted measures.

With a better understanding of the history of current treatment options for EOS from these articles, we look forward to the ongoing research by the PSSG and others to continue to find answers for these challenging young scoliosis patients.

*Dr. Bauer is the JPOSNA Spine Section Editor.*