







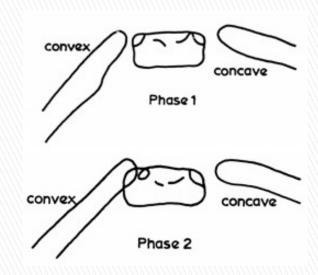








The RVAD in Infantile Scoliosis – What does it really represent?



- J. Sanders, G. Foley, H. Labelle, C. Johnston,
- J. d'Astous, S. Parent, C.E. Aubin

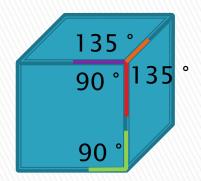
What is the RVAD anyway?

- The angle between the actual vertebral body and the ribs?
- A reflection of the spine's rotation?
- We know that in severe curves, the ribs really do slope.
- But, phase II ribs probably represent rotation.
- We really don't know what to make of the RVAD as a physical entity or why it is related to prognosis.

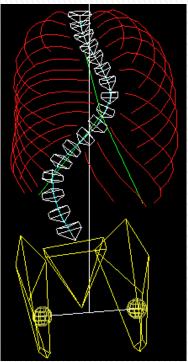
Purpose

Evaluate RVAD in 3D to determine its physical significance because 2D angles vary according to position of observer

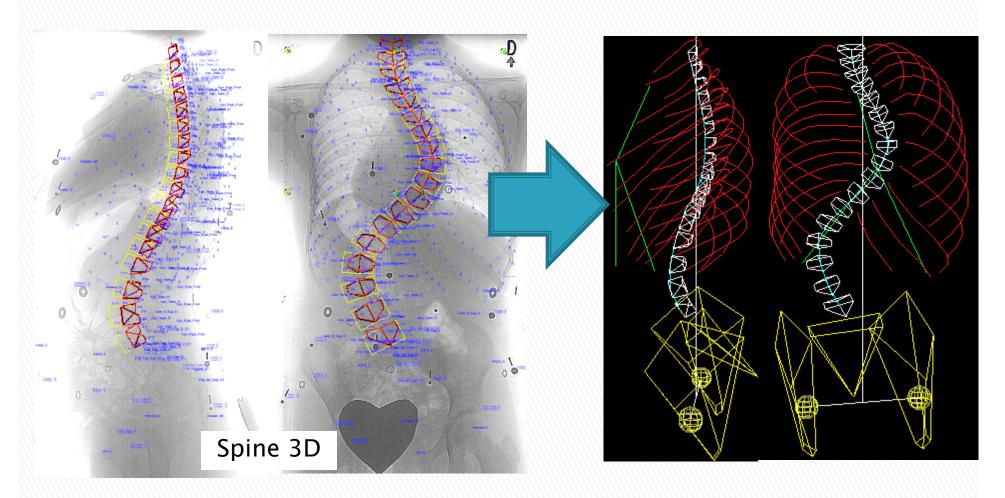
90°







3D Reconstructions



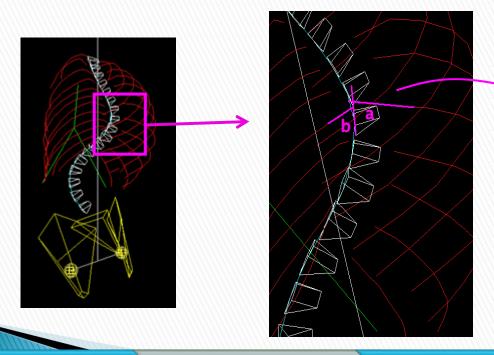
Material & Methods

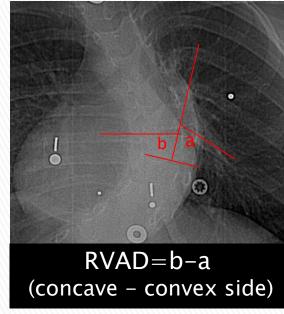
Rib Vertebra Angle Difference

(RVAD)

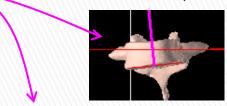
RVAD (measured on coronal plane, Mehta's method)

RVAD3D: Computed in 3D





Mehta, 1972

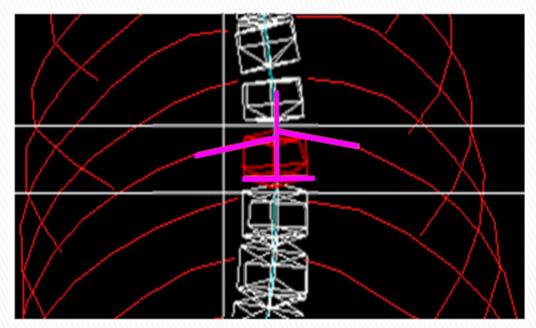




Rib Vertebra Angle Difference (RVAD)

Local RVAD

- 2D measurement from reconstruction
- Measured in the local plane of the vertebra (Stagnara's plan d'election, 1965)



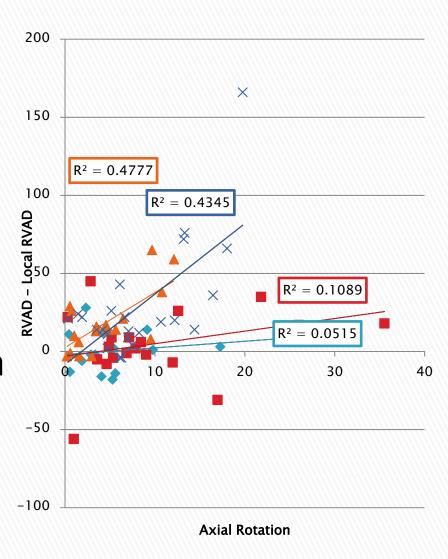
Patient data

- Age : 5.4 ± 2.3 years
- ▶ 26 females, 16 males
- ▶ Cobb : 43.3 ± 19.9 °
- ▶ 18 Phase I, 24 Phase II patients
- 42 Early Onset Scoliosis patients

Results

- 42 Early Onset Scoliosis patients
- The RVAD weakly associated with spinal axial rotation (R² = 0.02)
- Strongly associated with the 3D RVAD

$$(R^2 = 0.65)$$



Results

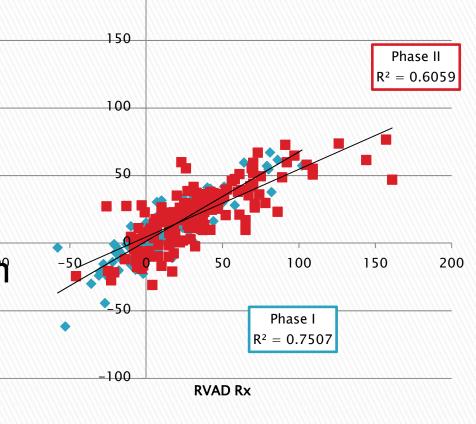
42 Early Onset Scoliosis patients

The RVAD weakly associated with spinal axial rotation

$$(R^2 = 0.02)$$

Strongly associated with the 3D RVAD

$$(R^2 = 0.65)$$



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Conclusion:

- RVAD is a projection of 3D geometry of chest wall/spine
 - Not true representation of 3D nature of deformity
 - Compound of factors: projection, axial rotation, chest wall/spine asymmetry
- RVAD 3D
 - Deformation of rib cage in relation to spine

Discussion Thoughts:

- RVAD is really a spine to rib (chest wall) and not a rotation measure
- This still leaves us with the question of why is this chest wall to spine factor so important in curve prognosis.