

Oral presentation

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Background summary: a new brace for the treatment of camptocormia

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Background

Camptocormia or bent spine syndrome is an acquired postural disease leading to lumbar kyphosis observed when the patient stands up, walks or sits. Classic body jackets provide little correction and are often poorly tolerated.

Objective

To study the effectiveness and the tolerance of a new brace in the treatment of camptocormia.

Methods

Fifteen patients were consecutively included in the study. We excluded patients who refused to be equipped with a body jacket at the first consultation and who had lumbar pain when they were straightened up. Patients equipped with the brace were hospitalized for 5 days in order to learn a self-rehabilitation program. Evaluation at each visit included patient self-assessments, and physical and radiographic examinations.

Results

Five men and 10 women 71.4 ± 7.3 years old were included. In comparison to day 0 (without brace), the average increase in lumbar lordosis with the brace was $10.1 \pm 9.9^\circ$ at day 30 ($p < 0.05$) and $12.5 \pm 9.7^\circ$ at day 90 ($p < 0.05$). The average increase in thoracic kyphosis between day 0 and day 90 was $7 \pm 10^\circ$ ($p < 0.05$). Average pain values showed significant differences between day 0 (without brace) and days 30 and 90 (with brace), corresponding to a rate of pain reduction of $69 \pm 36\%$ and 70

$\pm 35\%$, respectively. The average increase in quality of life was 87% and 92% at days 30 and 90, respectively.

Conclusion

These results demonstrate that camptocormia can be efficiently corrected.

References

1. de Sèze M, Lavignolle B, Mazaux J, Schaeffer T, Tison F, Vital J: **Déviations rachidiennes et maladie de Parkinson**. *Revue de Rhumatisme* 2004;**29**:0-6.
2. Pardessus V, Compere S, Tiffreau V, Blanchard A, Thevenon A: **[Leather corset for the treatment of camptocormia: 31 cases]**. *Ann Readapt Med Phys* 2005, **48**:603-9.
3. Eisenmann H, Boyot M, Guillet C, Mulot P: **Rachis dégénératif décompensé du sujet âgé: une solution thérapeutique par le corset du vésinet**. *Revue de Médecine Orthopédique* 1991, **25**:42-6.