

**Introduction**

Degenerative lumbar scoliosis is a lateral deviation of the spine that typically develops after age 50 years. Clinical presentation varies, but the deformity frequently is associated with loss of lordosis, axial rotation, lateral listhesis, and spondylolisthesis

**Methods**

28 patients underwent circumferential fusion. The age range of these patients was 45 to 71 years (mean of 58?y). Of the 28 patients, 19 were men . All patients underwent one stage posterior decompression and posterior fixation by screws and interbody fusion by putting cages in the apical vertebrae at the concave side and another cage in the lower fused level. Radiographs, visual analog scores (VAS) for back and leg pain, a The Oswestry disability index , visual and the Cobb Angle were assessed preoperatively and at last postoperative visit. Operative times estimated blood loss, and hospital stay were recorded

**Results**

Mean number of segments operated on was 4.26 (range: 3 to 8 segments). Mean blood loss was 254 ml (range 80–410 ml). Mean surgical time 248 minutes (range 151–390 minutes). The mean length of hospital stay was 8 days (range 3–16 days). The preoperative Mean Cobb angle Cobb angle was 26° (range 12–60°), which corrected to 6° (range 0–20°). All patients maintained correction. Mean preoperative VAS score was 8.13, At mean follow-up of 117.8 days, mean VAS was 4.1

**Conclusions**

: Despite the high challenge and the need of operative intervention of patients with lumbar degenerative scoliosis, the effectiveness of correction of the coronal imbalance with our technique during the period of this study were adequate for achievement satisfaction to those patients

**Learning Objectives**

: To evaluate whether correction of the apical vertebrae tilting and or rotation on the, surgical and functional outcome of patients with degenerative lumbar scoliosis

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