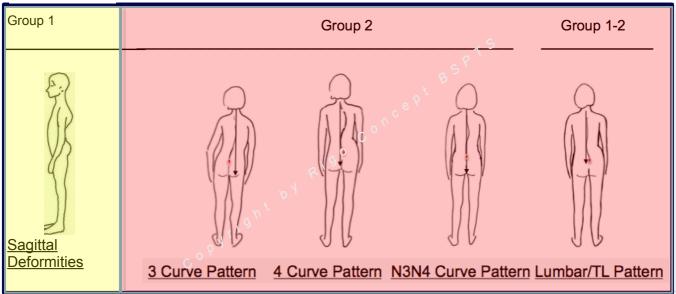


# EU2: Sagittal Profile. Theory and xRay Lab

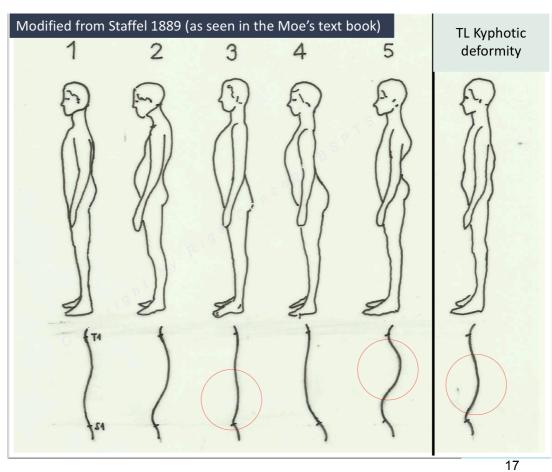


#### BASIC BSPTS CLINICAL TYPES Modified from Traditional Schroth Method



► Please note that this (Rigo Classification) is a clinical classification, so based on clinical criteria, with a good radiological correspondence – but it is not a radiological classification of curve patterns by it self.

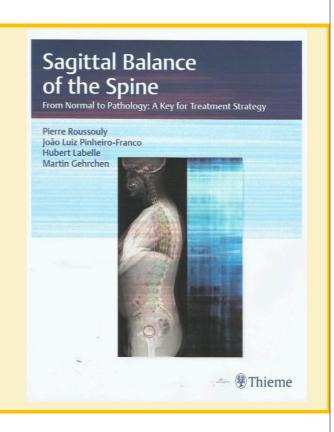




BPT RIGO CONCEPT

## **Pierre Roussouly**

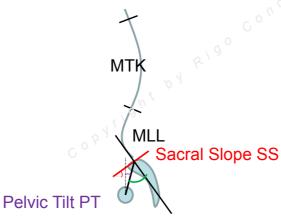
ISBN 978-11-62623-732-2 Also available as e-book eISBN 978-1-62623-733-9





### Sagittal spinopelvic balance in normal children and adolescents

Eur Spine J. 2007 Feb; 16(2): 227--234.



Pelvic Incidence PI



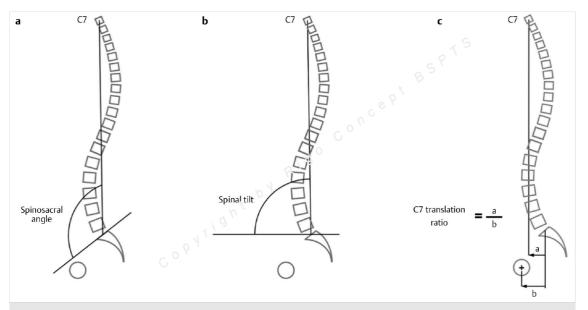
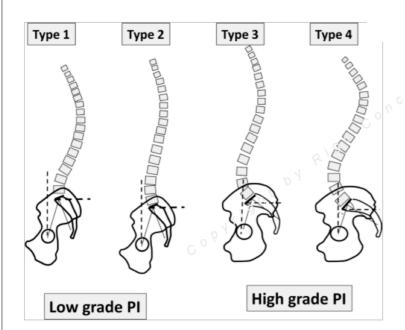


Fig. 7.2 Measurement of global sagittal balance. (a) Spinosacral angle: angle subtended by the upper sacral endplate and the line from the center of C7 vertebral body to the center of upper sacral endplate. (b) Spinal tilt: angle subtended by the horizontal line and the line from the center of C7 vertebral body to the center of upper sacral endplate. A value greater than 90° indicates that the center of C7 vertebral body is behind the center of the upper sacral endplate, whereas for values less than 90°, the center of the C7 vertebral body is in front of the center of the upper sacral endplate. (c) Instead of using a pure distance like SVA (sagittal vertebral axis) that needs precise X-ray calibration, we prefer to use the ratio between two distances (a/b, for example).





#### **Roussoully Classification**

The shape of lumbar lordosis depends on SS orientation. Type 1 and 2 have SS < 35°; Type 3 has 35° < SS < 45°; Type 4 has SS > 45°. Generally Type 1 and 2 have a low PI and Type 3 and 4 have a high PI



#### Classification of normal sagittal spine alignment: refounding the Roussouly classification

Received: 2 March 2016/Revised: 14 March 2017/Accepted: 23 April 2017

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Eur Spine J

DOI 10.1007/s00586-017-5116-x

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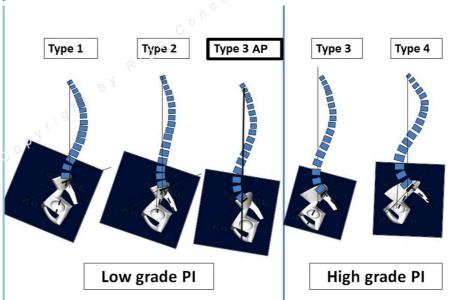




Table 7.1 Regional parameters of sagittal balance reported for the normal pediatric population in different age groups

Age group	Fetal	Infantile	Juvenile	Adolescent
Age	28.7 ± 6.2 weeks (19–40 weeks)	38.7 ± 23.1 months (12–108 months)	$8.1 \pm 2.0$ years (3-10 years)	13.6 ± 1.9 years (>10 and <18 years)
Pelvic incidence	30.6° ± 5.6° (20°-40°)	39.5° ± 8.9° (22°-64°)	43.7° ± 9.0° (23°–84°)	46.9° ± 11.4° (22°–87°)
Pelvic tilt	_	_	5.5° ± 7.6° (-13°-40°)	7.7° ± 8.3° (-12°-34°)
Sacral slope	_	_	38.2° ± 7.7° (21°-56°)	$39.1^{\circ} \pm 7.6^{\circ}$ ( $18^{\circ}$ – $65^{\circ}$ )
Thoracic kyphosis	_	_	42.0° ± 10.6° (8°-65°)	45.8° ± 10.4° (9°–84°)
Lumbar lordosis	_	_	53.8° ± 12.0° (16°–86°)	57.7° ± 11.1° (20°–102°)

Table 7.2 Global parameters of sagittal balance reported for the normal pediatric population

Age group	Juvenile	Adolescent	All
Age	$8.1 \pm 2.0 \text{ years}$ (3–10 years)	13.6 ± 1.9 years (>10 and <18 years)	12.1 ± 3.1 years (>10 and <18 years)
Spinosacral	130.4° ± 9.0°	132.7° ± 8.0°	132.1° ± 8.4°
angle	(103°–154°)	(109°–159°)	(103°–159°)
Spinal tilt	92.2° ± 5.7°	93.5° ± 4.1°	93.2° ± 4.6°
	(76°–107°)	(83°–106°)	(76°–107°)



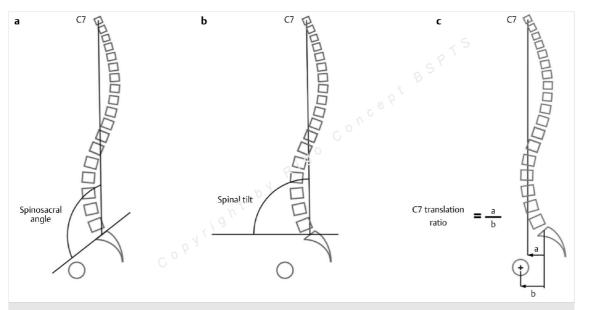
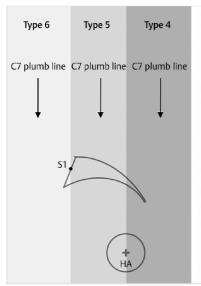


Fig. 7.2 Measurement of global sagittal balance. (a) Spinosacral angle: angle subtended by the upper sacral endplate and the line from the center of C7 vertebral body to the center of upper sacral endplate. (b) Spinal tilt: angle subtended by the horizontal line and the line from the center of C7 vertebral body to the center of upper sacral endplate. A value greater than 90° indicates that the center of C7 vertebral body is behind the center of the upper sacral endplate, whereas for values less than 90°, the center of the C7 vertebral body is in front of the center of the upper sacral endplate. (c) Instead of using a pure distance like SVA (sagittal vertebral axis) that needs precise X-ray calibration, we prefer to use the ratio between two distances (a/b, for example).



		-				
Age group	>18 and <30 years	30-39 years	40-49 years	50-59 years	>60 years	All
Pelvic incidence	52.3° ± 10.9°	52.1° ± 10.4°	53.2° ± 9.3°	53.6° ± 10.3°	52.7° ± 10.5°	52.6° ± 10.4°
	(22°-88°)	(27°–89°)	(32°-76°)	(25°-85°)	(33°–78°)	(22°-89°)
Pelvic tilt	12.5° ± 6.7°	12.1° ± 6.6°	12.8° ± 6.8°	14.8° ± 6.7°	16.1° ± 6.9°	13.0° ± 6.8°
	(-6°–33°)	(-7°–28°)	(-3°–28°)	(0°–32°)	(0°–32°)	(-7°–33°)
Sacral slope	39.8° ± 8.0°	40.0° ± 7.5°	40.5° ± 7.3°	38.9° ± 7.5°	36.7° ± 9.3°	39.6° ± 7.9°
	(17°–63°)	(25°-62°)	(23°–56°)	(25°-62°)	(14°–63°)	(14°-63°)
Thoracic kyphosis	48.4° ± 9.3°	49.7° ± 10.4°	49.5° ± 10.7°	52.7° ± 9.9°	56.5° ± 12.0°	50.1° ± 10.4°
	(16°–74°)	(22°-74°)	(19°–72°)	(28°–79°)	(21°–81°)	(16°–81°)
Lumbar lordosis	54.5° ± 9.9° (20°–84°)	55.1° ± 10.4° (33°–84°)	56.7° ± 11.2° (31°–79°)	54.3° ± 10.3° (33°–83°)	53.4° ± 12.1° (29°–84°)	54.8° ± 10.5° (20°–84°)
Spinosacral angle	130.7° ± 8.0°	131.1° ± 7.4°	131.7° ± 8.1°	128.9° ± 7.9°	126.7° ± 3.9°	130.4° ± 8.1°
	(102°–153°)	(115°–148°)	(112°–149°)	(113°–151°)	(106°–150°)	(102°–153°)
Spinal tilt	90.9° ± 3.1°	91.0° ± 3.3°	91.3° ± 3.4°	90.0° ± 3.9°	90.0° ± 3.9°	90.8° ± 3.4°
	(80°–101°)	(82°–100°)	(82°–101°)	(80°–98°)	(77°–97°)	(77°–101°)





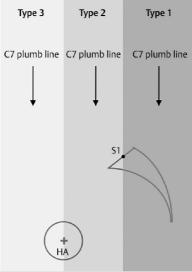


Fig. 7.1 Determination of the global balance type (types 1–6) based on the assessment of the spinopelvic alignment from the position of the C7 plumb line with respect to the center of the upper sacral endplate (S1) and to the hip axis (HA). Types 1–3 refer to cases with HA lying in front of S1, whereas types 4–6 are present when HA is behind S1.

Table 7.3 Distribution of global balance types reported for the normal pediatric population

Age group	Type 1	Type 2	Type 3	Type 4	Type 5	Туре 6
3-10 years	50.9%	9.0%	19.2%	11.4%	1.8%	7.8%
>10 and <18 years	63.3%	11.9%	7.7%	12.5%	1.0%	3.5%
All	60.1%	11.1%	10.7%	12.2%	1.2%	4.6%



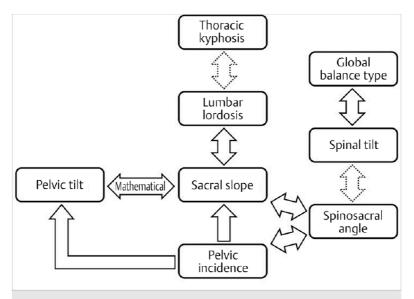


Fig. 7.3 Overview of the chain of correlations between parameters of sagittal balance typically observed in the normal pediatric population. Moderate (0.3  $\leq$  r <0.5) and strong (r  $\geq$  0.5) correlations are shown by dotted and full arrows, respectively. The correlation between sacral slope and pelvic tilt is trivial considering that pelvic incidence = pelvic tilt + sacral slope.



Table 7.7 Comparison of parameters of sagittal balance between normal pediatric and adult populations

Population	Pediatric	Adult
Pelvic incidence	46.0° ± 10.9° (23°–87°)	52.6° ± 10.4° (22°-89°)
Pelvic tilt	7.2° ± 8.2° (-13°–40°)	13.0° ± 6.8° (-7°–33°)
Sacral slope	38.9° ± 7.6° (18°–65°)	39.6° ± 7.9° (14°–63°)
Thoracic kyphosis	44.8° ± 10.6° (8°–84°)	50.1° ± 10.4° (16°–81°)
Lumbar lordosis	56.7° ± 11.4° (16°–102°)	54.8° ± 10.5° (20°–84°)
Spinosacral angle	132.1° ± 8.4° (103°–159°)	130.4° ± 8.1° (102°–153°)
Spinal tilt	93.2° ± 4.6° (76°–107°)	90.8° ± 3.4° (77°–101°)

