Scheuermann disease presenting as compressive myelopathy

Figure MRI thoracic spine

(A) Sagittal T1-weighted and (B) sagittal T2-weighted image showing dorsal kyphosis and Schmorl nodes (arrows) at multiple dorsolumbar levels with spinal cord thinning and T2 hyperintensity at T6 level (thin arrow). (C) Axial T2-weighted image of spine showing myelomalacia and cord atrophy.

A 17-year-old boy had progressive stiffness of lower limbs and decreased pain and touch sensation on the right, then left, leg for 1 month. He had mild kyphosis, grade IV spasticity, pyramidal pattern of weakness in lower limbs, brisk reflexes, and extensor plantar responses with impaired spinothalamic and posterior column sensation below T7. Imaging suggested Scheuermann disease (figure), which manifests in adolescence as rigid kyphosis with wedging of at least 5° of each of 3 adjacent vertebrae (Sorensen criteria).¹ Thoracolumbar Scheuermann disease is type I, which is progressive; if symptomatic, surgical treatment is indicated. Type II or lumbar type is not progressive.²

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