‘A smile is a curve that sets everything right’

Phyllis Diller

Carrying on from previous case studies of pulmonary abnormalities, conditions that affect the thoracic cage may have associated findings in the spine but may also be associated with other system concerns

Case 1

Long history of low back, mid thoracic and neck pain

Straight Back Syndrome is defined as loss of the normal kyphotic curve of the thoracic spine with abnormally short anteroposterior dimension to the thoracic cage. This condition was first reported by Rawlings in 1960 in the Am J Cardiol. The etiology is unknown, there is literature to suggest an autosomal dominant inheritance and that relatives should be screened. This should not be confused with ‘Flat Back Syndrome’ used in some literature relative to the lumbar spine.

Case 2

History not provided
Approximately 50% are associated with mitral valve prolapse and baseline ECG is warranted follow up if the patient has not been previously evaluated.

Imaging Findings

- Loss of the normal kyphosis of the thoracic spine.
- There may be an associated scoliosis
- Narrow AP diameter of the thorax
  - Measured on lateral chest from the anterior border of T8 to the posterior border of the sternum.
  - Should not be less than 11cm females, 13cm males.

- The cardiothoracic ratio is less than 50%
- There may be a shift of the heart to the left and the main pulmonary artery may be prominent – this is due to cardiac compression or ‘pancaking’ of the heart between the sternum and spine and may produce a “radiographic cardiomegaly”

Clinical Considerations

- Most are asymptomatic
- May be a systolic ejection murmur
- 50-64% associated with mitral valve prolapse
- Tachycardia
- Chest pain
- Shortness of breath on exertion
- Syncope
- Rare cases of associated respiratory failure
REFERENCES


2. Davies, MK; The straight back syndrome; QJ Med, 1980 Autumn; 49 (196):443.


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