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**Review Article** 

# The 100 Most Cited Articles in Early Onset Scoliosis: A Bibliometric Analysis

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#### Abstract

**Purpose:** Early onset scoliosis is the onset of scoliosis in children, under the age of 10, irrespective of aetiology. There is a role for both conservative and surgical treatment. The purpose of this study was to identify the 100 most cited articles relating to early onset scoliosis. This is the first bibliometric analysis

**Methods:** The Dimensions database was utilised to search for a selection of keywords related to early onset scoliosis. The 100 most highly cited articles were selected from high impact journals and several attributes including number of citations, year of publication and publishing journals were analysed

**Results:** The highest cited article was cited 569 times whilst the lowest cited 44 times. The articles were published from 1954 to 2020 with the majority being published after 2000. The leading journal for publication of these articles was the Journal of Paediatric Orthopaedics with 23 articles, followed by Spine with 22. The articles, corresponding authors and number of citations are demonstrated in Table 1.

**Conclusions:** Our study is a bibliometric analysis of the 100 most cited articles in early onset scoliosis and demonstrates the key scientific contributions to this area of spinal surgery.

Keywords: Bibliographic review; Early onset; Scoliosis

#### Introduction

The definition for early onset scoliosis, "scoliosis with onset less than the age of 10 years, regardless of aetiology" was agreed recently, although the concept itself consolidates Ponsetti's work from the 1950s [1]. The aetiology of patients with EOS may include those of an idiopathic nature, have an underlying syndrome or a neuromuscular condition. The spinal deformity of EOS corresponds to a critical period of lung development as well as a crucial development of the spine with an increase in the length of T1 to S1 segment of 10 cm in the first 5 years of life, followed by 5 cm in the successive 5 years [2].

The natural history of EOS is associated with significant morbidity including respiratory insufficiency, cor pulmonale as well as a high mortality. The treatment of EOS can vary from observation (over 90% of idiopathic scoliosis resolves spontaneously) to surgery [3]. Surgery can include distraction based, guided growth and compression-based strategies. [2]

A citation analysis evaluates an article on the number of citations received and is a surrogate measure of the impact factor of the article [4]

The purpose of our study was to evaluate the 100 most cited articles in early onset scoliosis and to further assess several of the article's attributes.

## **Methods**

The citation search was carried out using the Dimensions database in February 2024. The keywords utilised were "early onset" and "scoliosis". The search terms were limited to the English language. The title and abstract were analysed by 2 authors and those results not relevant to the search were discarded.

Those citations which matched the search criteria were included and further analysed according to number of criteria including citations, first author, journal, year of publication and country.

## Results

The 100 most cited articles are included in supplement 1. Out of 100 most cited top 20 are included in Table 1. The top 100 were published from the years 1954 to 2020. Table 2 includes number of publications in each decade. The article with the highest citation count was cited on 569 instances whilst the 100th cited article was cited on 44 instances. The top cited articles were published in 20 different journals with the greatest number published in the following journals, Journal of Paediatric Orthopaedics, Spine, Journal of Bone and Joint Surgery, Clinical Orthopaedics and Related Research and the European Spine Journal, (Table 3)

Vast majority of the papers (93%) were of levels of evidence 4 and 5. This can be reviewed in table 4

| Rank | Authors         | Title   | Citations | Level of<br>evidence |
|------|-----------------|---|-----------|----------------------|
| 1    |                 | Dual Growing Rod Technique for the Treatment of Progres-    | 569       |                      |
|      | Akbarnia, Beh-  | sive Early-Onset Scoliosis                                  |           |                      |
|      | rooz A          |   |           | 4                    |
| 2    |                 | Complications of Growing-Rod Treatment for Early-Onset      |           |                      |
|      | Bess, Shay      | Scoliosis   | 507       | 3                    |
| 3    | Akbarnia, Beh-  | Dual Growing Rod Technique Followed for Three to Eleven     |           |                      |
|      | rooz A          | Years Until Final Fusion                                    | 330       | 3                    |
| 4    | Sankar, Wud-    | Lengthening of Dual Growing Rods and the Law of Diminish-   |           |                      |
|      | bhav N          | ing Returns   | 278       | 4                    |
| 5    | Thompson,       |   |           |                      |
|      | George H        | Growing Rod Techniques in Early-Onset Scoliosis             | 243       | 3                    |
| 6    | Williams, Bren- | Development and Initial Validation of the Classification of |           |                      |
|      | dan A           | Early-Onset Scoliosis (C-EOS)                               | 236       | 5                    |
| 7    |                 | The Treatment of Spine and Chest Wall Deformities With      |           |                      |
|      |                 | Fused Ribs by Expansion Thoracostomy and Insertion of Ver-  |           |                      |
|      | Emans, John B   | tical Expandable Prosthetic Titanium Rib                    | 218       | 4                    |
| 8    | Akbarnia, Beh-  |   |           |                      |
|      | rooz A          | Next Generation of Growth-Sparing Techniques                | 201       | 4                    |

### **Table 1.** 100 top cited papers in early onset scoliosis.

| 9  |                           | Idiopathic scoliosis; the prognosis, diagnosis, and operative   |     |    |
|----|---------------------------|---|-----|----|
|    | James, J. I. P.           | indications related to curve patterns and the age at onset.   | 200 | 5  |
| 10 | Branthwaite,              | Cardiorespiratory consequences of unfused idiopathic scolio-  |     |    |
|    | M.A.                      | sis   | 188 | 4  |
| 11 | Sankar, Wud-              |   |     |    |
| 12 | bhav N<br>Mackenzie, W.G. | Comparison of Complications Among Growing Spinal Implants<br>Surgical Site Infection Following Spinal Instrumentation for | 161 | 2  |
|    | Stuart                    | Scoliosis   | 159 | 2b |
| 13 |                           | Early results of a remotely-operated magnetic growth rod in   | 157 | 20 |
|    | Dannawi, Z                | early-onset scoliosis.  | 156 | 4  |
| 14 | Akbarnia, Beh-            | Complications of Growth-Sparing Surgery in Early Onset Scoli-   |     |    |
|    | rooz A                    | osis  | 156 | 5  |
| 15 |                           | Traditional Growing Rods Versus Magnetically Controlled   |     |    |
|    | Akbarnia, Beh-            | Growing Rods for the Surgical Treatment of Early-Onset Scoli-   |     |    |
|    | rooz A                    | osis: A Case-Matched 2-Year Study   | 144 | 2  |
| 16 |                           | Early-Onset Scoliosis: A Review of History, Current Treat-  |     |    |
|    | Yang, Scott               | ment, and Future Directions   | 138 | 5  |
| 17 | Flynn, John M             | Growing-Rod Graduates   | 123 | 4  |
| 18 | <i></i>                   | Early experience of MAGEC magnetic growing rods in the  |     |    |
|    | Hickey, B. A.             | treatment of early onset scoliosis  | 119 | 4  |
| 19 | Akbarnia, Beh-            |   |     |    |
|    | rooz A                    | Management Themes in Early Onset Scoliosis  | 118 | 5  |
| 20 |                           | Implant Complications After Magnetically Controlled Growing   |     |    |
|    | Choi, Edmund              | Rods for Early Onset Scoliosis  | 117 | 4  |
| 21 | Fletcher, Nicho-          | Serial Casting as a Delay Tactic in the Treatment of Moderate-  |     |    |
|    | las D                     | to-Severe Early-onset Scoliosis   | 116 | 4  |
| 22 |                           | Growing Rods for Spinal Deformity: Characterizing Consensus   | 110 |    |
|    | Yang, Justin S            | and Variation in Current Use  | 111 | 5  |
| 23 | McCarthy, Rich-           | The Shilla Growth Guidance Technique for Early-Onset Spinal   | 111 | 5  |
|    | and E                     | Defermition at 2 Year Fallow Un   | 111 | 4  |
| 24 | ard E                     | Deformities at 2-Year Follow-Up<br>Systematic review of the complications associated with mag-                            | 111 | 4  |
|    |                           | netically controlled growing rods for the treatment of early  |     |    |
|    |                           | netically controlled growing rous for the treatment of early  |     |    |
| 25 | Thakar, Chrishan          | onset scoliosis   | 108 | 3  |
| 25 |                           | Early Definitive Spinal Fusion in Young Children: What We   |     |    |
| 26 | Karol, Lori A             | Have Learned  | 107 | 4  |
|    | Muirhead, A               | The assessment of lung function in children with scoliosis.   | 106 | 4  |
| 27 | Gillingham,               |   |     |    |
| 25 | Bruce L                   | Early onset idiopathic scoliosis.   | 105 | 4  |
| 28 | Elsebai, Hazeem           | Safety and Efficacy of Growing Rod Technique for Pediatric  |     |    |
|    | В                         | Congenital Spinal Deformities   | 102 | 4  |
| 29 |                           | Deep Surgical Site Infection Following 2344 Growing-Rod   |     |    |
|    | Kabirian, Nima            | Procedures for Early-Onset Scoliosis  | 101 | 4  |
| 30 |                           | Subcutaneous Rodding for Progressive Spinal Curvatures:   |     |    |
|    | Mineiro, Jorge            | Early Results   | 99  | 4  |
|    |                           |   |     |    |

| 31 |                  |   |       |   |
|----|------------------|---|-------|---|
|    | El-Hawary, Ron   | Early Onset Scoliosis - Time for Consensus                      | 98    | 5 |
| 32 |                  | Early Onset Scoliosis Consensus Statement, SRS Growing          |       |   |
|    | Skaggs, David L  | Spine Committee, 2015   | 98    | 5 |
| 33 | Tis, John E.     | Early Onset Scoliosis   | 95    | 5 |
| 34 | Hasler, Carol-   | Efficacy and safety of VEPTR instrumentation for progressive    |       |   |
|    | Claudius         | spine deformities in young children without rib fusions         | 94    | 4 |
| 35 |                  | Risk Factors for Complications Associated With Growing-Rod      |       |   |
|    | Watanabe, Kota   | Surgery for Early-Onset Scoliosis                               | 94    | 4 |
| 36 |                  | Do magnetic growing rods have lower complication rates          |       |   |
|    | Teoh, Kar H      | compared with conventional growing rods?                        | 92    | 3 |
| 37 | Sucato, Daniel J | Management of Severe Spinal Deformity                           | 91    | 4 |
| 38 | Campbell, Robert |   |       |   |
|    | М                | Spine Deformities in Rare Congenital Syndromes                  | 88    | 4 |
| 39 | Cunin, V.        | Early-onset scoliosis – Current treatment                       | 87    | 4 |
| 40 |                  | Magnetically controlled growing rod in early onset scoliosis: a |       |   |
|    | Lebon, Julie     | 30-case multicenter study                                       | 87    | 4 |
| 41 |                  | Magnetic controlled growing rods for early-onset scoliosis: a 4 |       |   |
|    | Teoh, Kar Hao    | -year follow-up   | 86    | 4 |
| 42 | D'Astous,        |   |       |   |
|    | Jacques L        | Casting and Traction Treatment Methods for Scoliosis            | 83    | 4 |
| 43 | Fernandes, Ped-  |   |       |   |
|    | ro               | Natural History of Early Onset Scoliosis                        | 83    | 4 |
| 44 |                  | Surgical Technique: Modern Luqué Trolley, a Self-growing        |       |   |
|    | Ouellet, Jean    | Rod Technique   | 83    | 4 |
| 45 | McCarthy, Rich-  |   |       |   |
|    | ard E            | Shilla Growing Rods in a Caprine Animal Model: A Pilot Study    | 83    | 4 |
| 46 |                  | Magnetically controlled Growing Rods for Early-onset Scolio-    |       |   |
|    | Hosseini, Pooria | sis   | 82    | 3 |
| 47 | McCarthy, Rich-  |   |       |   |
|    | ard E            | Shilla Growth Guidance for Early-Onset Scoliosis                | 82    | 4 |
| 48 | Baulesh, David M | The Role of Serial Casting in Early-onset Scoliosis (EOS)       | 78    | 3 |
| 49 | Corona, Jacquel- | Measuring Quality of Life in Children With Early OnsetScolio-   |       |   |
|    | ine              | sis   | 77    | 2 |
| 50 | Akbarnia, Beh-   |   |       |   |
|    | rooz A           | Innovation in Growing Rod Technique                             | 75    | 3 |
| 51 |                  | Thoracic malformation with early-onset scoliosis: Effect of     |       |   |
|    | Motoyama, Etsu-  | serial VEPTR expansion thoracoplasty on lung growth and         |       |   |
|    | ro K             | function in children  | 75    | 4 |
| 52 |                  | Avoidance of "Final" Surgical Fusion After Growing-Rod Treat-   | , , , | 1 |
|    | Jain, Amit       | ment for Early-Onset Scoliosis                                  | 74    | 3 |
| 53 | Schroerlucke,    | How Does Thoracic Kyphosis Affect Patient Outcomes in           | / T   | 5 |
|    | Samuel R         | Growing Rod Surgery?  | 74    | 3 |
| 54 | Ridderbusch,     | Preliminary Results of Magnetically Controlled Growing Rods     | / ſ   |   |
|    | Karsten          | for Early Onset Scoliosis                                       | 72    | 4 |
|    | ואמו אנלוו       | וטו במווץ טווזכר גרטווטזוז                                      | 14    | т |

| 55 | Mahar, Andrew                        | Biomechanical comparison of different anchors (foundations)   |    |          |
|----|--------------------------------------|---|----|----------|
|    | Todd                                 | for the pediatric dual growing rod technique  | 72 | 4        |
| 56 |                                      | A New Classification System to Report Complications in Grow-  |    |          |
|    | Smith, John T                        | ing Spine Surgery   | 72 | 3        |
| 57 | Rodillo, E                           | Scoliosis in Spinal Muscular Atrophy: Review of 63 Cases  | 71 | 4        |
| 58 | Matsumoto, Hi-                       | The Final 24-Item Early Onset Scoliosis Questionnaires (EOSQ  | /1 | <u>т</u> |
|    | ]                                    | 240   | 70 | 2        |
| 59 | roko                                 | -24)<br>Variability of Expert Opinion in Treatment of Early-onset Sco-                                    | 70 | 2        |
|    |                                      |   |    |          |
| 60 | Vitale, Michael G                    | liosis<br>Magnetically Controlled Growing Rods for the Management of                                      | 69 | 5        |
| 00 |                                      | Magnetically controlled Growing Rous for the Management of  |    |          |
|    | La Rosa, Guido                       | Early-onset Scoliosis   | 66 | 4        |
| 61 |                                      | Risk Factors for Proximal Junctional Kyphosis Associated  |    |          |
|    | Watanabe, Kota                       | With Dual-rod Growing-rod Surgery for Early-onset Scoliosis   | 65 | 4        |
| 62 |                                      | Metallosis following implantation of magnetically controlled  |    |          |
|    | Teoh, K H                            | growing rods in the treatment of scoliosis: a case series.  | 65 | 4        |
| 63 | Fletcher, Nicho-                     |   |    |          |
|    | las D                                | Early onset scoliosis: current concepts and controversies   | 64 | 4        |
| 64 |                                      | Health-Related Quality of Life in Early-Onset Scoliosis Patients  | 04 | т        |
|    |                                      |   | 60 |          |
| 65 | Doany, Michael E<br>Noordeen, Hilali | Treated Surgically<br>In Vivo Distraction Force and Length Measurements of Grow-                          | 63 | 3        |
| 05 | Nooracen, man                        | In vivo Distraction Force and Dength Medsarements of Grow   |    |          |
|    | M                                    | ing Rods  | 63 | 4        |
| 66 | Cheung, Jason                        | Special Article: Update on the Magnetically Controlled Grow-  |    |          |
|    | Pui Yin                              | ing Rod: Tips and Pitfalls  | 63 | 5        |
| 67 | Wang, Shengru                        | Dual Growing Rods Technique for Congenital Scoliosis  | 63 | 4        |
| 68 | Redding, Grego-                      | Structure-Respiration Function Relationships Before and Af-   |    |          |
|    | ry J                                 | ter Surgical Treatment of Early-onset Scoliosis   | 62 | 4        |
| 69 |                                      | The use of magnetically-controlled growing rods to treat chil-  |    |          |
|    |                                      | dren with early-onset scoliosis: early radiological results in 19   |    |          |
|    |                                      | aren with early onset sconosis, early radiological results in 17  |    |          |
| 70 | Thompson, W                          | children.   | 62 | 4        |
| 70 |                                      | Mean 6-Year Follow-up of Magnetically Controlled Growing  |    |          |
|    | Cheung, Jason                        | Rod Patients With Early Onset Scoliosis: A Glimpse of What  |    |          |
|    | Pui Yin                              | Happens to Graduates.   | 62 | 4        |
| 71 |                                      | Improvement of Pulmonary Function in Children With Early-   | 02 | 1        |
|    | V                                    | On a st Cashie sig Using Magnetic Counth Dada   | (1 | 4        |
| 72 | Yoon, Wai Weng                       | Onset Scoliosis Using Magnetic Growth Rods<br>Magnetic controlled growth rods versus conventional growing | 61 | 4        |
|    |                                      |   |    |          |
|    |                                      | rod systems in the treatment of early onset scoliosis: a cost   |    |          |
|    | Rolton, Daniel                       | comparison  | 60 | 4        |
| 73 |                                      | Analysis of Explanted Magnetically Controlled Growing Rods  |    |          |
|    | Joyce, Thomas                        | From Seven UK Spinal Centers  | 60 | 4        |
| 74 | Karol, Lori A                        | The Natural History of Early-onset Scoliosis  | 59 | 4        |
| 75 |                                      | "Growth friendly" spine surgery: management options for the   | 57 |          |
|    | Com I-: A                            |   | 50 | 4        |
|    | Gomez, Jaime A                       | young child with scoliosis.   | 58 | 4        |

| 76 |                                | Growing Rods Versus Shilla Growth Guidance: Better Cobb  |    |   |
|----|--------------------------------|--|----|---|
|    | Andras, Lindsay                | Angle Correction and T1–S1 Length Increase But More Surger-  |    |   |
|    | М.                             | ies  | 58 | 3 |
| 77 |                                | The Effect of Serial Growing Rod Lengthening on the Sagittal   |    | 5 |
|    | Shah, Suken A                  | Profile and Pelvic Parameters in Early-Onset Scoliosis   | 57 | 4 |
| 78 |                                | Muscle Fiber Types in Thoracic Erector Spinae Muscles Fiber  |    |   |
|    | BYLUND, PER                    | Types in Idiopathic and Other Forms of Scoliosis   | 57 | 2 |
| 79 | Phillips, Jona-                |  |    |   |
|    | than H                         | Mortality and Morbidity in Early-Onset Scoliosis Surgery   | 56 | 4 |
| 80 | Demirkiran, Halil              | Serial Derotational Casting in Congenital Scoliosis as a Time-   |    |   |
|    | G                              | buying Strategy  | 56 | 4 |
| 81 | Sankar, Wud-                   | Neurologic Risk in Growing Rod Spine Surgery in Early Onset  |    |   |
|    | bhav N                         | Scoliosis  | 55 | 4 |
| 82 | Waldron, Sean R                | Early Onset Scoliosis  | 54 | 4 |
| 83 | Matsumoto, Hi-                 | Psychosocial Effects of Repetitive Surgeries in Children With  |    |   |
|    | roko                           | Early-Onset Scoliosis  | 53 | 3 |
| 84 |                                | Psychological Dysfunction in Children Who Require Repetitive   |    |   |
|    | Flynn, John M                  | Surgery for Early Onset Scoliosis  | 53 | 3 |
| 85 |                                | Direct costs associated with the management of progressive   |    |   |
|    |                                | early onset scoliosis: Estimations based on gold standard  |    |   |
|    | Charroin, C.                   | technique or with magnetically controlled growing rods   | 52 | 4 |
| 86 |                                | Pulmonary and Radiographic Outcomes of VEPTR (Vertical   |    |   |
|    |                                | Expandable Prosthetic Titanium Rib) Treatment in Early-  |    |   |
|    | Dede, Ozgur                    | Onset Scoliosis  | 51 | 4 |
| 87 | Olgun, Z. Deniz                | Vertebral Body Growth During Growing Rod Instrumentation   | 51 | 4 |
| 88 |                                | Quantifying the 'law of diminishing returns' in magnetically   |    |   |
|    | Ahmad, A                       | controlled growing rods.   | 50 | 4 |
| 89 |                                | The Vertical Expandable Prosthetic Titanium Rib in the treat-  |    |   |
|    | Ramirez, Nor-                  | ment of spinal deformity due to progressive early onset scoli-   |    |   |
|    | man                            | osis   | 49 | 4 |
| 90 |                                | Preliminary comparison of primary and conversion surgery   |    | - |
|    |                                | with magnetically controlled growing rods in children with   |    |   |
|    |                                |  | 40 | 2 |
| 91 | Keskinen, Heli<br>Poe-Kochert, | early onset scoliosis<br>Final Fusion After Growing-Rod Treatment for Early Onset  | 49 | 3 |
|    |                                |  | 40 |   |
| 92 | Connie                         | Scoliosis<br>Treatment of early-onset scoliosis: techniques, indications,  | 49 | 4 |
|    | Zhana Van Din                  |  | 40 | - |
| 93 | Zhang, Yan-Bin                 | and complications<br>What is the Risk of Developing Proximal Junctional Kyphosis   | 49 | 5 |
|    | El Harrawy Dar                 |  | 10 | 2 |
| 94 | El-Hawary, Ron                 | During Growth Friendly Treatments for Early-onset Scoliosis?<br>Reducing radiation exposure in early-onset scoliosis surgery | 48 | 3 |
|    |                                | patients: novel use of ultrasonography to measure lengthen-  |    |   |
|    |                                |  |    |   |
|    | Stokes, Oliver M               | ing in magnetically-controlled growing rods  | 48 | 2 |

| 95  | Brooks, Jaysson |   |    |   |
|-----|-----------------|---|----|---|
|     | Т               | What's New in the Management of Neuromuscular Scoliosis               | 48 | 4 |
| 96  |                 | VEPTR <sup>™</sup> Growing Rods for Early-onset Neuromuscular Scolio- |    |   |
|     | White, Klane K  | sis: Feasible and Effective   | 48 | 4 |
| 97  | Mesfin, Addisu  | Spinal Muscular Atrophy: Manifestations and Management                | 47 | 4 |
| 98  |                 | Prediction of Thoracic Dimensions and Spine Length Based on           |    |   |
|     | Emans, John B   | Individual Pelvic Dimensions in Children and Adolescents              | 47 | 4 |
| 99  |                 | Bilateral Rib-to-pelvis Technique for Managing Early-onset            |    |   |
|     | Smith, John T   | Scoliosis   | 45 | 4 |
| 100 |                 |   |    |   |
|     | Thompson,       | Does Vancomycin Powder Decrease Surgical Site Infections in           |    |   |
|     | George H        | Growing Spine Surgery?  | 44 | 3 |

**Table 2.** Number of Publications in each decade.

| Decade of Publication | Number of articles |
|-----------------------|--------------------|
| Pre 1990              | 5                  |
| 1990-1999             | 0                  |
| 2000-2009             | 15                 |
| 2010-2019             | 79                 |
| 2020-2024             | 1                  |

**Table 3.** Number of Publications according to journal published.

| Journal Name                                   | Number |
|--|--------|
| Journal of Paediatric Orthopaedics             | 23     |
| Spine  | 22     |
| JBJS   | 12     |
| CORR   | 8      |
| European Spinal Journal                        | 6      |
| The Bone & Joint Journal                       | 6      |
| Spine Deformity                                | 4      |
| The Spine Journal                              | 4      |
| Journal of American Academy Surgeons           | 3      |
| Orthopaedics & Traumatology Surgery & Research | 2      |
| Chinese Medical Journal                        | 1      |
| Clinical Spinal Surgery                        | 1      |
| Current Reviews in Musculoskeletal Medicine    | 1      |
| Journal of Child Neurology                     | 1      |
| Journal of Orthopaedic Surgery                 | 1      |
| Neurosurgery                                   | 1      |
| Orthopedic Clinics of North America            | 1      |
| Paediatric Respiratory Reviews                 | 1      |
| Pediatrics                                     | 1      |
| Respiratory Medicine                           | 1      |

| Level of evidence | Number of studies |
|-------------------|-------------------|
| 2                 | 7                 |
| 3                 | 18                |
| 4                 | 63                |
| 5                 | 12                |

### Table 4. Showing level of evidence.

## Discussion

The study identifies the 100 most cited articles in early onset scoliosis and highlights those features which may make an article more likely to be cited as well as the journals in which it is most likely to be published.

Akbarnia et al had the most cited paper, a case review of 23 patients that had dual growing rod surgery, demonstrating an improvement in average scoliosis from 82 degrees to 36 degrees at the final follow up. The paper was a first report of a dual growing rod technique with a follow up of greater than 2 years (range 2-9.25 years). The technique demonstrated less implant and alignment complications (1 developed crankshaft phenomenon and 1 developed junctional kyphosis requiring construct extension) compared to single rod techniques.

The second most cited article was by Bess et al. This described the complications of the growing rod technique, utilising a multicentre database. 140 patients were included, undergoing a total 897 procedures, with a mean follow up of 5 years. 81 patients (58%) had at least 1 complication. There was less implant complications associated with dual rod implantation than single rod implantation (10% vs 27%). The risk of wound complications, prominent implants and unplanned surgery was greater in subcutaneous dual rod placement than submuscular dual rods

The third most cited paper was from Akbarnia et al. The purpose of the study was to identify factors which affect the outcome of dual growing rod treatment, namely the timing of the lengthening as well as the as well as the effect of the frequency of the lengthening until final fusion.

The study identified patients with non-congenital scoliosis from the multicentre and multinational Growing Spine Study Group database with a minimum of 2 years follow up. The study demonstrated an improvement in Cobb angle from 81 degrees to 27.7 after the final fusion. Although the outcomes demonstrated an improvement in T1-S1 growth and curve correction, in those corrected more frequently, this is offset by the increased number of surgery as well as the concomitant complications in almost half of the patients.

Sankar et al had the 4<sup>th</sup> most cited paper. This was a case review of 38 patients undergoing dual growing rods from 5 different centres with a mean follow up of 5.7 years. The study described the phenomenon of "diminishing returns" with repeated surgical lengthening's. At the time of implantation, the average T1-S1gain was an average 1.76+/-0.71 cm/ year. This reduced to  $0.41 \pm 0.58$  cm at the time of the 7<sup>th</sup> lengthening.

The 5<sup>th</sup> most cited paper was written by Thompson et al. This was a descriptive multicentre study of growing rod techniques evaluating surgical strategies including single rod technique, dual rod techniques and vertical expandable prosthetic rib (VEPTR). The rod techniques were subdivided into single growing rod with a short anterior/ posterior apical fusion (group 1), a single growing rod (group 2) and dual growing rods (group 3). Average preoperative scoliosis was 85 degrees in group 1, 61 degrees in group 2, and 92 degrees in group 3. Following definitive fusion, the mean postoperative scoliosis was 65, 39, and 26 degrees, respectively.

The VEPTR was also subcategorised according to the type of construct from unilateral rib to spine hybrid, bilateral rib to spine hybrid, unilateral rib to pelvis and bilateral rib to pelvis hybrid. The average curve was 77 degrees preoperatively to 39 degrees at final follow up.

The theme of the first 5 papers reflects that of the 100 most cited papers, namely the papers are mainly descriptive studies of outcomes or surgical techniques. Many of the studies are levels of evidence 3 (18%) or 4 (63%) which can be partly explained by the limited numbers of patients that undergo surgery, and thus larger studies may not be feasible. Other bibliometric analyses in spinal surgery have reported similar findings [5]

The limitations of bibliometric studies include that earlier studies may be overly represented whilst the practice of self-citation may also artificially inflate the number of citations. The exclusion of non-English language studies may also limit the citation of valuable research in other languages.

## Conclusions

This is an article which offers an important perspective on the study of early onset scoliosis, via citation analysis. Our study is the first bibliometric analysis of the 100 most cited articles in early onset scoliosis and demonstrates the key scientific contributions to this area of spinal surgery.

## **Conflicts of Interest**

The authors declare no conflict of interest.

## References

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