

## Kyphoplasty Case Study

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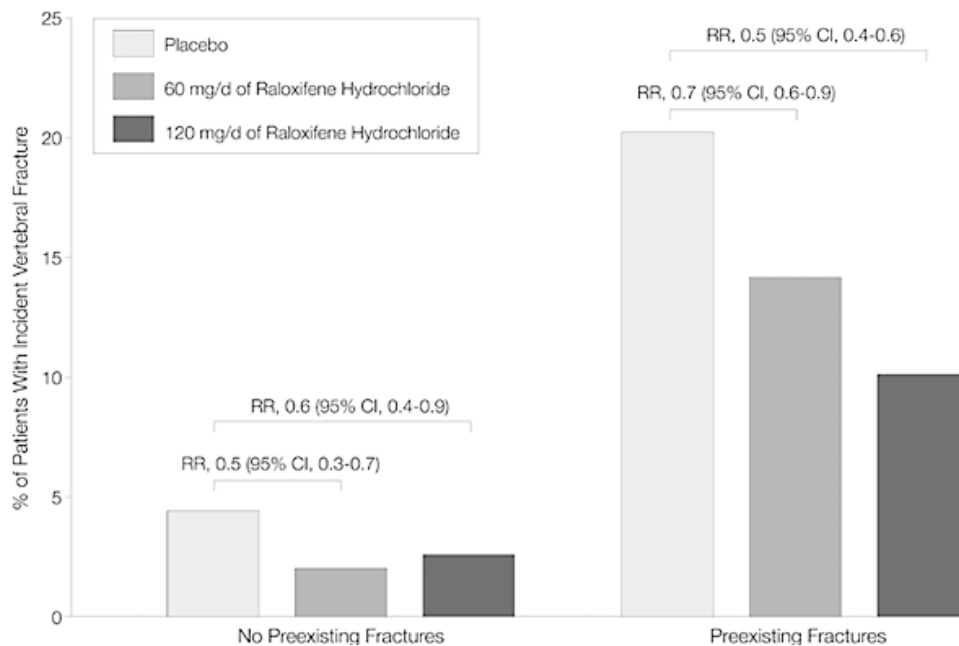
An 88 year old male presented for evaluation of severe low back pain. His pain was in the lumbar spine, with no radicular symptoms. His mobility was compromised to the point where he was sedentary, unable to sleep in his bed, and he had developed lower extremity edema.

An MRI was obtained, demonstrating an acute L5 compression fracture. A trial of opioid therapy was initiated but his condition declined further with persistent severe pain and the development of lower extremity cellulitis. Hospitalization became necessary, followed by acute rehabilitation and nursing home placement. The infection cleared, but back pain remained severe. Plain lumbar film showed partial collapse at L4 and a repeat MRI demonstrated a new fracture at L4 and persistent edema at L5.

Kypoplasty at L4 and L5 was performed as an outpatient with conscious sedation. Biopsy of L5 demonstrated osteoporotic bone and no evidence of tumor. One week after the procedure he was home, sleeping in his own bed with only minor aching in his back.

Take home message:

1. The cost of kyphoplasty should be considered relative to the cost of potential complications of prolonged bedrest. If we had intervened more quickly, one could argue that the edema, cellulitis, and inpatient care may have been avoided.
2. Fractures tend to occur in common areas of the spine, often adjacent to previous fractures.
3. The risk of additional fractures is substantial in the year following the incident fracture. Reducing the risk with medication is effective, as demonstrated in many trials including this publication on Evista. Together, we need to ensure patients are treated for osteoporosis.



Reduction of Vertebral Fracture Risk in Postmenopausal Women With Osteoporosis Treated With Raloxifene Results From a 3-Year Randomized Clinical Trial  
**Ettinger, B. et al. JAMA 1999;282:637-645.**