

## Kyphoplasty superior to vertebroplasty for vertebral fx

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For people with osteoporotic vertebral compression fractures, kyphoplasty is superior to vertebroplasty for correcting kyphosis, restoring vertebral height, and preventing leakage of bone cement, according to research published in the August issue of the *Journal of Spinal Disorders & Techniques*.

(HealthDay)—For people with osteoporotic vertebral compression fractures, kyphoplasty (KP) is superior to vertebroplasty (VP) for correcting kyphosis, restoring vertebral height, and preventing leakage of bone cement, according to research published in the August issue of the *Journal of Spinal Disorders & Techniques*.

Kyung-Hyun Kim, M.D., of the Gangnam Severance Spine Hospital at the Yonsei University College of Medicine in Seoul, Korea, and colleagues conducted a retrospective comparative study involving 103 patients who underwent either a VP or KP procedure to treat an



osteoporotic <u>vertebral compression</u> fracture. Patients were classified according to whether their fracture was wedge (W)-shaped, V-shaped, or flat (F)-shaped.

The researchers found that, for all fracture types, KP was more effective than VP, particularly for restoring middle column height and preventing the leakage of <u>bone cement</u>. Additionally, anterior height restoration and kyphosis correction in F- and W-shape <u>fractures</u> was significantly better with KP compared with VP. Neither procedure was able to restore posterior column vertebral height.

"KP yielded good results for kyphotic deformity correction for W-shape fractures compared with F-shape and V-shape fractures. KP had additional advantages in middle vertebral <u>height</u> restoration and cement leakage prevention in V-shape fractures," the authors conclude. "Further studies to evaluate optimal treatments for specific subtypes of vertebral body fractures, and long-term follow-up studies with a greater number of patients for correlations of clinical outcomes and radiologic changes, are warranted."

## More information: Abstract

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