Treatment of Osteoporotic Compression Fractures

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Osteoporosis

- 54 million men and women have osteoporosis
- **2,000,000** men have osteoporosis
- **34,000,000** have osteopenia
- 1 in 2 white women and 1 in 4 men will experience an osteoporotic fracture in her lifetime.

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Osteoporosis

- Osteoporotic fractures cost \$18 billion annually
- Projected to cost \$50 billion by 2040
- Projected costs exceed the cost of stroke, breast CA, DM, or chronic lung disease

Definitions

- Osteoporosis-Characterized by low bone mass leading to an increased fracture risk
 - WHO defines a bone mineral density (BMD)2.5 standard deviations below the mean for healthy young women measured by dual energy x-ray absorptiometry (DEXA).
- Osteopenia-defined as BMD between 1-2.5 standard deviations below the mean.

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Primary Osteoporosis

 Primary Osteoporosis – bone loss related to the decline of gonadal function associated with aging.

- Increasing age
- Low body weight
- White or Asian
- Excessive alcohol and caffeine
- Low calcium and/or vitamin D intake

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Secondary Osteoporosis

- Low bone mass resulting from chronic disease, exposures, or nutritional deficiencies.
- Amyloidosis
- Ankylosing Spondylitis
- HIV
- IBD
- Severe Liver Diease
- Renal Faliure
- Rheumatoid Arthritis
- SLE

Endocrine and Metabolic disorders

- Athletic amenorrhea
 - Disordered Eating, Amenorrhea, Osteoporosis
- Cushing Syndrome
- DM type 1
- Hemochromatosis
- Hyperadrenocorticism
- Primary hyperparathyroidism
- Hyperthyroidism
- Hypogonadism
- Hypophosphatasia

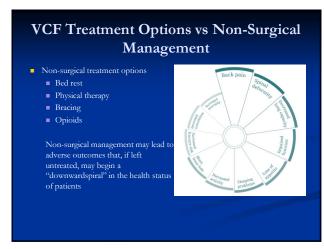
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Medications

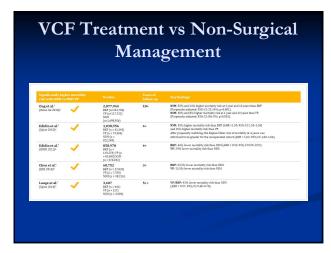
- Anticonvulsants
- Drugs causing hypogonadism
 - Progesterone, methotrexate, GRHA
- Glucocorticoids
- Heparin
- Immunosuppessants
 - Cyclosporine,tacrolimus
- Lithium
- Thyroid Hormone Excess

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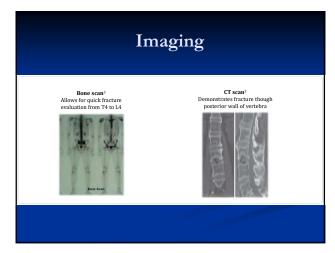
Imaging

- X-rays Allows for quick screening and identification of fractures
- CT Allows for best imaging of bony anatomy
- MRI Optimal imaging for judging fracture age, as it shows bony edema for an acute fracture
- Bone scan Less commonly used imaging, but will show increased uptake in a fracture and may be done in conjunction with a DEXA scan

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Imaging MRI with short T1-T2 inversion recovery (STIR)¹⁹

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Number Needed to Treat with Vertebral Augmentation to Save a Life

- Why Treat: Number Needed to Treat with VertebralAugmentation to Save a
- The purpose of this study was to calculate the number needed to treat (NNT) to save 1 life at 1 year and up to 5 years after vertebral augmentation
- compression fractures (VCFs) treated with nonsurgical management, balloon kyphoplasty, and vertebroplasty.
- Adjusted number needed to save 1 life saved for nonsurgical management versus kyphoplasty 14.8 at 1 year, 11.9 at 5 years; non-surgical management versus vertebroplasty ranged from 22.8 at 1 year, to 23.8 at 5 years.
- This large dataset analysis (>2 million patients) reveals that vertebral

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Vertebral Compression Fracture

- Osteoporosis
- Neoplasm
- Hemangioma
- Myeloma
- Metastasis

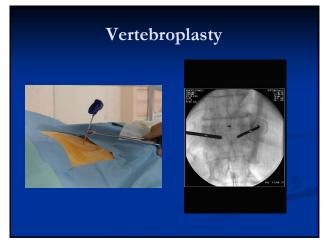


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Osteoplasty

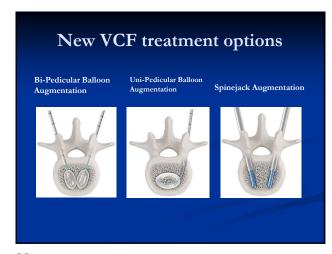
- A procedure for treatment of compression fractures.
- Promotes quicker return to activity.
- Originally not intended for treatment of traumatic fractures.
- Originally not intended for treatment in those less than 55 years of age.

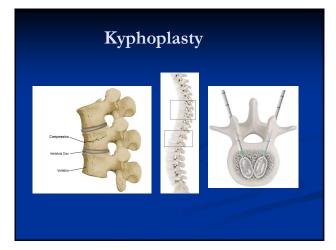
Kyphoplasty and Vertebroplasty



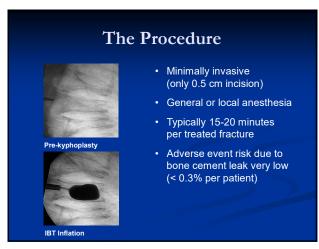


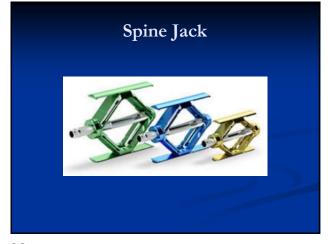


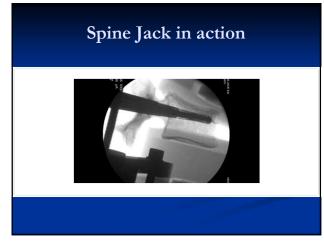


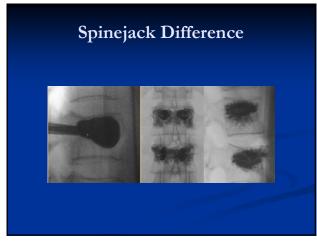












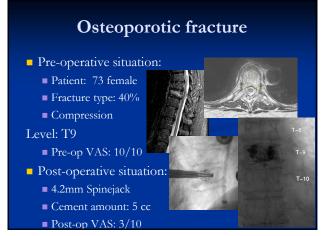
Osteoporotic fracture Pre-operative situation: Patient: 62, Female Fracture type: Inferior Endplate Level: L4 Pre-op VAS: 10/10 Post-operative situation: 5.8mm Spinejack Cement amount: 4-6 cc Post-op VAS: 1/10

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Osteoporotic fracture Pre-operative situation: Patient: 68 male Fracture type: 70% Compression Level: L1 Pre-op VAS: 9/10 Post-operative situation: 5.0mmSpinejack Cement amount: 7-8 cc Post-op VAS: 2/10

Osteoporotic fracture Pre-operative situation: Patient: 61 male Fracture type: 10% Compression Focus on less cement Level: L2 Pre-op VAS: 10/10 Post-operative situation: 5.0mmSpinejack Cement amount: 3-4 cc Post-op VAS: 2/10

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Osteoporotic fracture Pre-operative situation: Patient: 66 Female Levels: T10 & T11 Pre-op VAS: 9/10 Post-operative situation: 4.2mm Spinejack T10 & T11 Cement amount: 10cc Total Post-op VAS: 2/10

Spine Jack

- Correction of endplate deformity may help reduce the risk of adjacent level fractures
- In a study conducted by Edidin et al within a U.S. Medicare population from 2005-2009, VCF patients who received VA therapies experienced lower mortality and overall morbidity than VCF patients who received conservative management
- Significant pain relief
- Functional improvements
- Restoration of sagittal alignment

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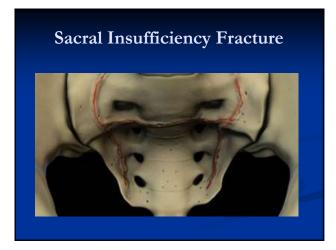
Spinejack Additional Benefits

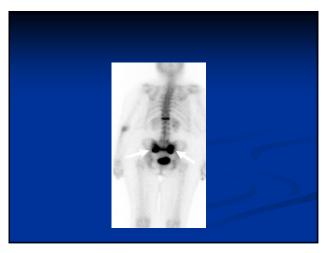
- Greater midline VB height restoration
- Significantly fewer adjacent level fractures than kyphoplasty
- Results maintained over time in three-year follow-up
- Fast and sustainable improvement in quality of life
- Fracture reduction with ligamentotaxis leads to indirect central canal decompression

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Mechanical vertebral augmentation SAKOS clinical study 5 countries | 13 sites | 15 investigators • Prospective, multicenter, randomized, comparative study • N=14 (Spinelack system n=68; KyphX Xpander BKP n=73) • Non-inferiority study • 12-month follow up Superior mid-vertebral height restoration with S| system at 6 and 12 months • 6 mo. p= 0.0246 12 mo. p= 0.0255 • Reforming the system had more than double the rate of ALFs p= 0.043 • Fewer hospital and physician visits • Decrease in future interventions • Imp. p= 0.029 • mo. p= 0.021



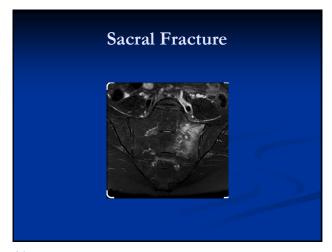




Sacroplasty

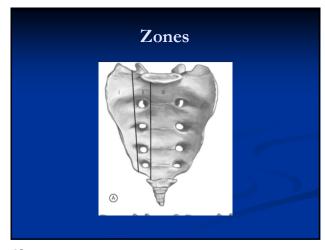
- Sacral Insufficiency Fractures
- Known complication of Osteoporosis
- Until recently went untreated or poorly treated
- Newer treatment options have been developed
- Requires very high index of suspicion
- Sacroplasty

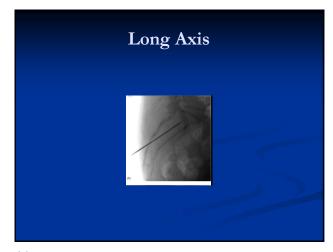
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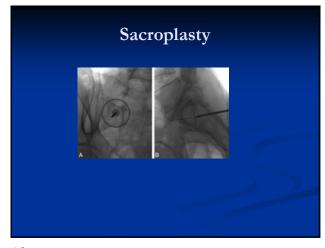
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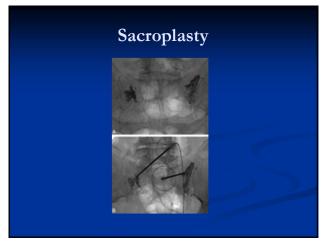












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Conclusion

- Osteoporosis is a significant disease entity
- Diagnosis requires intervention and high level of suspicion
- Treatment is best done through prevention
- IF fracture suspected, recc Imaging and referral for Vertebral Augmentation.

