



Osteoporosis Hurts: Painful Spine Fractures Can Be Fixed Without Surgery

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Osteoporosis affects more than 40 million Americans, 80% of whom are women. Advanced age, asthma, diabetes, emphysema, menopause, chronic steroid use and rheumatoid arthritis are all risk factors for osteoporosis. The resultant weakening of bones can lead to compression fractures of the spine causing severe pain, deformity and loss of height.

"Most people don't realize they have the disease until a break occurs," said Dr. Karen Garby, an interventional radiologist in Mesa, who treats patients with spinal fractures. Compression fractures of the spine are diagnosed in more than 700,000 patients per year in the United States alone. Although most are due to osteoporosis, they can also be due to benign tumors, trauma and cancer. In many cases, the fracture heals with conservative pain management. In others, the bone does not stabilize resulting in continued pain. "Many people go undiagnosed, thinking their back pain is just part of aging," Garby added.

Patients with compression fractures typically present with sudden onset of intense back pain. This can occur even after a simple activity like a sneeze or a cough and the pain is often debilitating. "If the pain lasts for an extended period of time, there tends to be a downward spiral effect, impacting the physical, social, and psychological aspects of a patient's life, Garby explained. The medical evaluation includes a physical exam and diagnostic tests such as x-rays, MRI, and bone scans, used to pinpoint the location of the fracture and determine which treatment is appropriate. Historically, compression fractures were treated either conservatively with strong pain medications, prolonged bed rest and back braces or invasively with open spine surgery. These treatments are limited by long

recovery times and disruption of daily life.

Vertebroplasty, an innovative alternative to traditional treatments, stabilizes fractures of the spine safely and effectively and often provides immediate pain relief. 1 Over 92% of patients have a positive outcome and complications are rare (less than three percent). 2 This outpatient procedure is done through a small incision in the skin and requires only mild sedation. Acrylic cement is placed into the vertebral body through a needle under x-ray guidance filling the space within the bone. This strengthens the vertebra, stabilizes the spine and stops the pain. Patients should be able to resume normal activities within 24 to 48 hours.² "Studies have shown patients who undergo vertebroplasty experience 90% or better reduction in pain within 24 hours and increased ability to perform daily activities soon thereafter," Garby said.

For questions or more information about this article, please call Dr. Garby at 480-833-1255 or visit www.desertendovascular-center.com. Learn more about vertebroplasty at www.vertebroplasty.com.

1 McGraw JK et al, Prospective evaluation of pain relief in 100 patients undergoing percutaneous vertebroplasty. Results and follow-up. *JVIR* 2002; 13:883-886

2 Gangi A, Kastler BA, Dietemann JL. Percutaneous vertebroplasty guided by a combination of CT and fluoroscopy. *AM J Neuroradiol.* 1994; 15(1):83-86.

