

Management of Osteoporotic Vertebral Compression Fractures

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In response to 'The Stable Acute Vertebral (SAVe) compression fracture study'.

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Dear Editor,

We have read with interest 'The stable acute vertebral (SAVe) compression fracture study' in the Ir Med J. September 2024; Vol. 117; No. 8 issue, by McCarroll et al. Their data about local practice showed that in a total of 63 patients over 50 years old with a low-energy vertebral fracture, 17.5% presented in the Emergency department at least twice and 16% were re-admitted within 120 days follow up. Further insight on the management of Osteoporotic Vertebral Compression fractures might be gained by studying separately cervical and thoracolumbar compression fractures and reporting data on the reasons of re-referrals. Both re-referrals and re-admissions could be considered failures of conservative treatment. In a systematic review of risk factors for failure of conservative treatment of OVCFxs, including 24 studies and 3044 participants, failure was defined as non-union, vertebral collapse, intravertebral clefts, kyphotic deformity and development of neurological complications. The main reasons were incorrect indications, loss to follow-up and initially overlooked fractures¹.

The authors also pointedly reported that only 30% of patients were investigated for underlying bone disease. Bridging the gap between biomechanical and metabolic aspects is particularly critical in patients with multiple acute fractures where fracture stability must be achieved urgently.

Lastly, McCarroll et al. have discussed the burden posed by OVCFxs on Trauma departments and commented on the lack of standardized pathways. The discussion reflects the perspectives of Specialist Registrars across all major Irish trauma hospitals, who have reported a feeling of uncertainty about their role and the indications for cement augmentation techniques². While not supported by the design of their study, the authors suggest transferring the burden of care of OVCFxs to community-based health services. However, more often than not patients needed admission (54%). The proportion of patients who were referred to spine surgeons was not reported. Comparatively, in the evaluation study of the Working Group for Osteoporotic Fractures of the Spine section of the German

Society of Orthopaedics and Trauma classification, 66% of patients with OVCFs who presented consecutively and were evaluated by spinal surgeons in Germany and Switzerland were treated surgically³.

Sharing the authors' vision for a clinical care pathway for osteoporotic vertebral compression fractures, our perspective is to follow patients with risk factors for failure of conservative treatment and establish criteria for Virtual Fracture Referrals from trauma departments to Spinal units.

Declarations of Conflicts of Interest:

None declared.

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