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探讨单发骨质疏松性椎体压缩骨折PVP术后围术期相邻椎体骨折的可能性及特点

Discussion on the possibility and features of adjacent vertebrae fracture during perioperative period after percutaneous vertebroplasty for single osteoporotic vertebral body compression fractures

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中文摘要:

目的 探讨单发骨质疏松性椎体压缩骨折(sOVCFs)经皮椎体成形术(PVP)治疗后围术期出现相邻椎体骨折的可能性及特点。 方法 对接受PVP治疗的174例sOVCFs患者,记录其年龄、骨折椎体部位、骨折诱因、骨质疏松程度、术前椎体压缩程度、有无囊腔样变、骨水泥用量、骨水泥分布特点、骨水泥椎间盘有无渗漏,并针对上述各因素分别进行分析,观察各组相邻椎体骨折发生率的差异。 结果 174例患者中,24例术后围术期间相邻椎体出现骨折,其中16例位于胸腰段(16/24,66.67%)。以患者术前椎体压缩程度、囊腔样变、骨水泥渗漏至椎间盘进行分组。各组相邻椎体骨折发生率差异无统计学意义(P>0.05);而以患者年龄、骨折诱因、骨质疏松程度、骨水泥剂量、骨水泥分布进行分组,各组相邻椎体骨折发生率差异有统计学意义(P<0.05)。 结论sOVCFs患者PVP术后围术期相邻椎体可出现骨折,多位于胸腰段,易发生于年龄大、无骨折诱因、骨密度低、骨水泥用量大、骨水泥分布偏离者。

英文摘要:

Objective To assess the possibility and characteristics of adjacent vertebral fractures during perioperative period after percutaneous vertebroplasty (PVP) for single osteoporotic vertebral body compression fractures (sOVCFs). **Methods** Totally 174 patients with sOVCFs underwent PVP were enrolled. Patients' age, the position of vertebral body, fracture motivation, bone mineral density, preoperative degree of vertebral compression, with or without intraosseous cystic cavitary phenomena, volume of bone cement injected, distribution characteristic of bone cement and with or without intraoisc leakage of bone cement were recorded. Patients were divided into different groups according to the above-mentioned factors, and the incidence of adjacent vertebral fractures after PVP were analyzed. **Results** Twenty-four of 174 patients had new adjacent vertebral fractures after PVP, which were located at the thoracolumbar junction in 16 (16/24, 66.67%) cases. Preoperative degree of vertebral compression, with or without intraosseous cystic cavitary phenomena, intradisc leakage of bone cement did not interfere with the incidence of postoperative adjacent vertebral fractures (*P*>0.05). Patients with different ages, fracture motivation, bone mineral density, volume of bone cement injected, distribution characteristic of bone cement had different incidence of postoperative adjacent vertebral fractures (*P*<0.05). **Conclusion** Adjacent vertebral fractures will occur during perioperative period after PVP in patients with sOVCFs, which tends to occur at the thoracolumbar junction. Patients with elder age, no fracture motivation, lower bone mineral density, bigger volume of bone cement injected, deviated distribution of bone cement are more susceptible to postoperative adjacent vertebral fractures during perioperative period.

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