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C-0329 - PROGRESSION AND NEW VERTEBRAL FRACTURE RATE AFTER VERTEBRAL COMPRESSION FRACTURES: COMPARISON BETWEEN KYPHOPLASTY/VERTEBROPLASTY AND BRACE

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Resumen

Objectives: Conservative treatment, vertebroplasty and kyphoplasty are all recognized therapies in the management of vertebral compression fractures. One of the main risks regarding of vertebroplasty/kyphoplasty is the development of new fractures at adjacent levels. Other-level fractures and progression of treated fractures have also been described.

Methods: All patients over 50 years old with diagnosis of thoracic or lumbar vertebral compression fracture (T5 to L5) in absence of underlying oncological process, treated conservatively or surgically, and consecutively attended at our department in 2017, 2018 and 2019 were retrospectively selected for analysis. Patients missed for follow-up were excluded.

Results: A total of 481 consecutive patients were recorded. Uncomplete follow-up excluded 54 patients and 13 died in the first month after diagnosis, so 414 cases were finally analysed. Most patients were treated conservatively (86.5%). Both groups were homogenous regarding epidemiological and clinical features. New fracture rate (10%) and adjacent level rate (50%) were similar after both treatments whereas progression of diagnosed fracture was more frequent in the conservative group (5% vs. 27%). Median length of hospital stay was significantly lower in the conservative group (4 vs. 12 days) whereas time with brace (0 vs. 12 weeks) and median time with pain was significantly lower in the surgical group (2 vs. 10 weeks).

Conclusions: Surgical treatment (vertebroplasty/kyphoplasty) of vertebral compression fractures was not associated with increased risk of new fractures but progression of treated fractures was lower. It also associated a sooner control of pain but hospital stay was longer than in the conservative treatment group.