



Response to: Risk Factors for Cement Loosening after Vertebroplasty for Osteoporotic Vertebral Fracture with Intravertebral Cleft: A Retrospective Analysis

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We fully appreciate the letter regarding our manuscript entitled “Risk factors for cement loosening after vertebroplasty for osteoporotic vertebral fracture with intravertebral cleft: a retrospective analysis [1].” We thank you who carefully read our manuscript and provided valuable comments.

We do agree that there is clearly a dearth of an accepted classification system for osteoporotic vertebral fracture management and it is reasonable to amalgamate osteoporotic vertebral fracture classification and thoracolumbar traumatic fracture classifications in a non-osteoporotic patient. However, we should keep in mind that osteoporotic vertebral fracture is different from the traumatic fracture in young patients in terms of the fracture pathophysiology.

We identified the unstable vertebral fracture (spinous process fracture (posterior column injury), marked intravertebral instability and split fracture) lead to cement loosening after percutaneous vertebroplasty (PVP) in osteoporotic vertebral fracture with intravertebral cleft.

In those patients, we should observe carefully after PVP and sometimes we need instrumented surgery. It is urgent business for us to establish the osteoporotic vertebral fracture classification in terms of the stability.

Although you mentioned that PVP is not ideal indication for the patients associated with neurological deficit, we reported that PVP is one of the treatment options for the osteoporotic vertebral fracture with neurological deficit when we choose the patient appropriately [2]. We sincerely thank you again for your interest in our article.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References

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Received Dec 5, 2018; Accepted Dec 10, 2018

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