Study compares treatments for vertebral compression Fx

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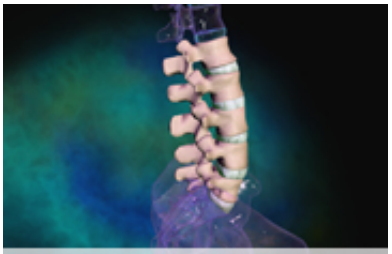

Image courtesy of Blausen Medical

(HealthDay)—For Medicare patients with new vertebral compression fractures, kyphoplasty correlates with lower risk of death, but with increased likelihood of subsequent augmentation procedures compared with vertebroplasty, according to a study published in the Oct. 2 issue of *The Journal of Bone & Joint Surgery*.

Andrew T. Chen, M.P.H., from the Johns Hopkins University in Baltimore, and colleagues utilized the 2006 Medicare Provider Analysis and Review File database to identify 68,752 patients with a vertebral compression fracture. Analysis was conducted in patients stratified into nonoperative treatment (55.6 percent), vertebroplasty (11.2 percent), and kyphoplasty (33.2 percent) cohorts.

The researchers found that the estimated three-year survival rates were

42.3, 49.7, and 59.9 percent, respectively, for the three cohorts. The kyphoplasty group had an adjusted risk of death that was significantly lower than the vertebroplasty group (hazard ratio, 0.80). The shortest hospital stay and the highest hospital charges were seen for patients in the kyphoplasty group; these patients were also the least likely to have had pneumonia and decubitus ulcers during the index hospitalization and at six months after surgery. Compared with vertebroplasty, kyphoplasty was significantly more likely to result in a subsequent augmentation procedure (9.41 versus 7.89 percent).

"Kyphoplasty tends to have a more striking association with survival than vertebroplasty does, but it is costly and may have a higher rate of subsequent vertebral compression fracture," the authors write.

One or more authors disclosed financial ties to an entity in the biomedical arena.

More information: Abstract
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