Radiological prediction of posttraumatic kyphosis after thoracolumbar fracture

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A new paper determines risk factors (AO classification, age, gender, localization) that may lead to progressive kyphosis after a thoracolumbar fracture.

There is still no consensus on the treatment of traumatic thoracolumbar fractures, therefore more evidence is needed. As surgeons base treatment decisions on classification of the fractures, much attention has been given to classification schemes for fractures around the world. However, it is remarkable that none of the classification methods has paid attention to the kyphosis. This seems to be of importance, because post-traumatic kyphosis is related to post-traumatic pain. Therefore, we have considered to look at it from another perspective: is it possible to predict what fractures have a worse outcome?

Worse outcomes to the posttraumatic kyphosis in search of a correlation have been studied, which can be an objective measurement related to worse clinical outcome. We tried to determine risk factors such as fracture type and patient characteristics (AO classification, age, gender, and localization) that may lead to progressive kyphosis after a thoracolumbar spine injury. A radiological analysis was performed using X-rays of patients with traumatic spinal fractures. Cobb, Gardner, and the Vertebral compression angle, and Anterior Vertebral Body compression percentage have been measured.

More information: Inez Curfs et al, Radiological Prediction of Posttraumatic Kyphosis After Thoracolumbar Fracture, *The Open*

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