

TECHNICAL NOTE / *Technique*

Painful Pagetic vertebra palliated with percutaneous vertebral augmentation



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Paget's disease is a benign bone disease of unclear etiology characterized by excessive bony remodeling that weakens, expands and distorts the shape of affected bones. Although the spine is the second most common site of Paget's disease, Pagetic vertebrae are typically asymptomatic [1]. Sources of pain secondary to spinal Paget's disease include pathologic fracture, spinal cord or nerve root compression, and rarely, sarcomatous transformation [2]. However, patients may also experience uncomplicated back pain that is most likely related to vertebral body microfractures and/or vascular congestion [3]. This mechanism is similar to that of painful vertebral body hemangiomas, which are effectively palliated with vertebral augmentation [4].

This led us to utilize percutaneous vertebral augmentation to treat a patient with painful, uncomplicated monostotic spinal Paget's disease with clinical success.

Case presentation

A 71-year-old man presented with 14 months of severe lower back pain exacerbated by moving from sitting to standing. He denied incontinence and had no focal weakness on physical examination. Lumbar spine radiographs demonstrated an enlarged L2 vertebral body with trabecular thickening (Fig. 1), and lumbar spine MRI showed heterogenous signal on

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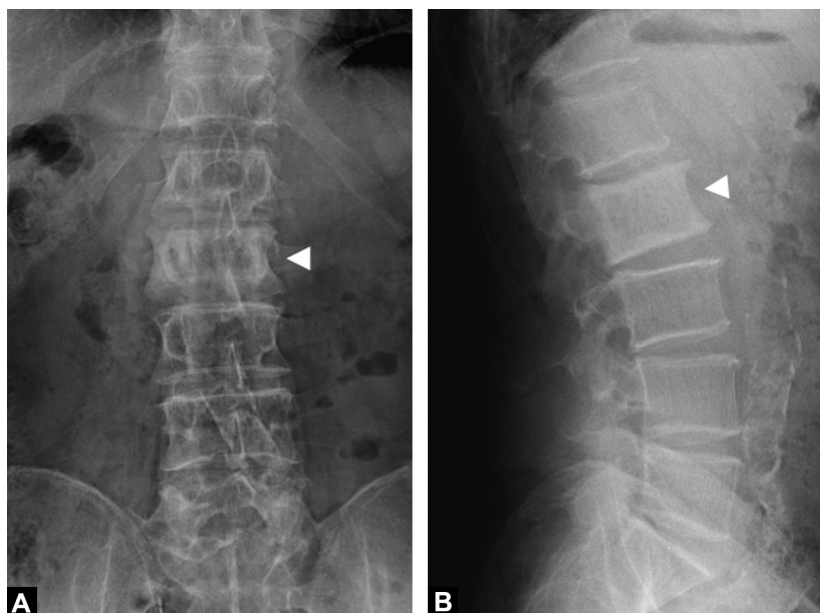


Figure 1. A, Anteroposterior and B, lateral radiographs of the lumbar spine show an enlarged, sclerotic L2 vertebra (white arrowheads) with thickened endplates consistent with Paget's disease.

T1- and T2-weighted images with mild enhancement after gadolinium chelate administration (Fig. 2). These imaging findings were compatible with Paget's disease. Fluoroscopy-guided percutaneous biopsy of the L2 vertebral body was performed with a coaxial, drill-assisted system (OnControl®, Vidacare Corporation, Shavano Park, TX, USA), which confirmed the diagnosis (Fig. 3). Over the next four months, his pain was partially relieved with acetaminophen and hydrocodone, but the resulting drowsiness, nausea, and constipation were detrimental to his quality of life. Consequently, vertebroplasty was attempted for pain palliation in lieu of more invasive surgical management.

Written informed consent was obtained prior to the procedure. The vertebral body was accessed using a coaxial

10-G outer cannula and 12-G diamond-tipped inner needle attached to a hand-held drill (OnControl®). Intraosseous venography demonstrated brisk filling of epidural veins (Fig. 4). A total of 6 mL of ultrahigh-viscosity cement was injected into the L2 vertebral body using the StabiliT RF Targeted Vertebral Augmentation System (DFINE, San Jose, CA, USA) (Fig. 4).

When the patient resumed walking after the procedure, his pain had completely resolved and physical examination revealed no new weakness or other evidence of complications. He has subsequently resumed an active lifestyle that includes golfing regularly, and his back pain has not recurred in 26 months of clinical follow-up.

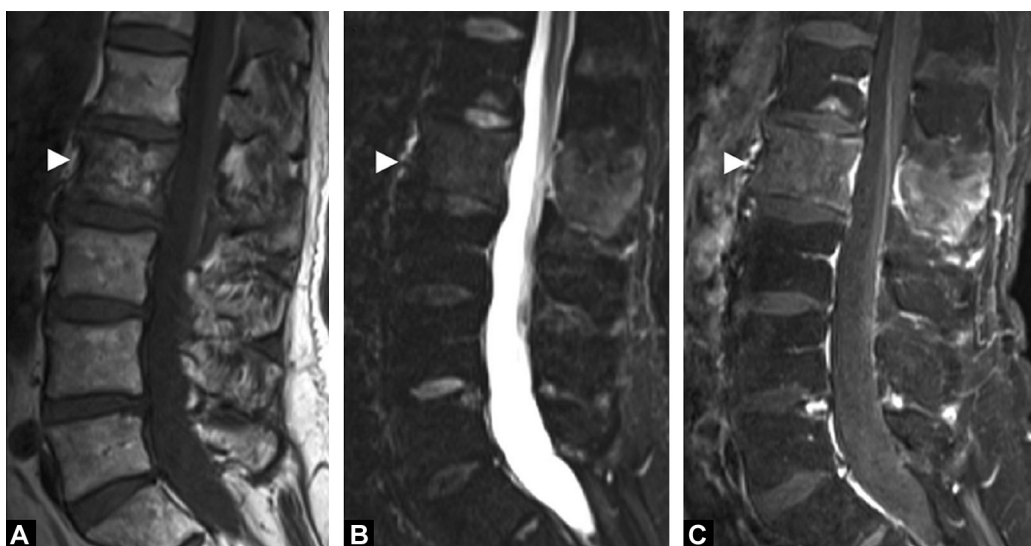


Figure 2. A, T1-weighted, B, short tau inversion recovery, and C, T1-weighted, fat-suppressed, contrast-enhanced MR images show an enlarged L2 vertebra (white arrowheads) with heterogeneous signal on T1- and T2-weighted MR images and mild enhancement after intravenous administration of a gadolinium chelate. These findings are nonspecific but suggest Paget's disease complicated by microfractures and/or vascular congestion.

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