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BACKGROUND: Kummell's disease is a clinical syndrome characterized by a minor spinal trauma with a symptom-free period from months to years, followed by progressive painful kyphosis. There are many surgical options for Kummell's disease in the previous literature, however, no study mentioning the surgical strategy for patients whose fractured vertebrae was severely compressed and only slice of superior and inferior endplate left.

CASE DESCRIPTION: Here we report a 69-year-old woman suffered from persistent severe back pain since she slipped down 1 year before medical consult. The patient presented constrained body posture, pressure pain on thoracolumbar region, the visual analog scale pain (VAS) under weight-bearing was 90/100 and Oswestry Disability Index (ODI) was 74%. Kummell's disease was diagnosed based on clinical presentation, trauma history, X-ray, CT, and MRI. We performed the posterior vertebral column resection through unilateral osteotomy approach for the patient, the clinical outcome and radiological restoration were recorded. One year after the surgery, out-patient follow-up review revealed that the VAS reduced to 10/100 and ODI reduced to 13%, the postero-anterior and lateral radiograph in the standing position showed bony fusion was achieved at the osteotomy site, no pseudarthrosis or instrumentation-related failure occurred.

CONCLUSION: Posterior vertebral column resection through unilateral osteotomy approach is an effective method for patients with Kummell's disease, especially when the fractured vertebrae compressed severely and only slice of superior and inferior endplate left.

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