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Cement pulmonary embolism after percutaneous vertebroplasty in a patient with cushing's syndrome: A case report

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Abstract

Background: Vertebroplasty is a procedure most commonly used for vertebral compression fractures. Although it is a relatively safe procedure, complications have been reported. Cement embolism is seen in 2.1% to 26% of patients after percutaneous vertebroplasty.

Case presentation: a 38-year-old male who was diagnosed with cushing's syndrome, underwent percutaneous vertebroplasty for his thoracic osteoporotic compression fractures. 24-hours following vertebroplasty, he presented to emergency department with acute-onset dyspnea and chest pain. Chest radiography showed an opaque linear lesion in left pulmonary artery which was suggestive of cement embolism. Pulmonary spiral CT-scan further confirmed the diagnosis. The patient's symptoms improved over time, and warfarin was started with close cardiopulmonary assessments for indicators of cement embolus removal.

Conclusion: in patients with pulmonary cement embolism, conservative treatment may be recommended rather than a surgical removal except when the obstruction is extensive enough to cause hemodynamic changes. Given that all the related studies have suggested that pulmonary thromboembolism can occur as a complication due to bone cement leakage, discovering new cement alternatives and/or injection devices, seems beneficial.

Key words: percutaneous vertebroplasty – cement embolism – complications – cushing's syndrome

1. Background

Vertebroplasty is a minimally invasive procedure most commonly used for vertebral compression fractures which was first introduced by Galibert et al. in 1987 [1]. In this

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