Sacroplasty, has been advocated as an alternative to conservative therapy. Retrospective case series and prospective studies suggest that sacroplasty is a safe and effective procedure, providing early symptomatic relief in patients with Sacral insufficiency fracture (SIFs)^{1) 2) 3) 4)}.

The inverted plication technique combined with sacroplasty is a promising technique. It improves pain and neurological deficits on the long term in the majority of patients with symptomatic Tarlov cysts ⁵⁾.

Cadaver studies

Ten osteoporotic cadavers underwent bilateral percutaneous instillation of VertaPlex HV High Viscosity Radiopaque Bone Cement. Long- and short-axis sacroplasty techniques were randomly assigned to zone 1 of the left or right sacral ala of each cadaver. Cement extravasation data were summarized by technique (long-axis vs short-axis) and time period (15-min and 3-hour post-procedure syngo DynaCT scan) in the form of point and CI estimates for the true proportions of cement extravasation.

No procedural sacral extravasation differences were observed between the long-axis and short-axis sacroplasty techniques. There were no occurrences of intra-procedural or post-procedural cement extravasation at 15 min or 3 hours in association with either the long-axis sacroplasty technique or the short-axis sacroplasty technique.

The long- and short-axis sacroplasty techniques, using high viscosity cement with careful postprocedural positioning, result in no occurrence of cement extravasation in porous osteoporotic cadaver bone ⁶.

1)

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