



Osteoporotic thoracolumbar vertebral compression fractures: Controversial issues and current solutions

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Osteoporotic fractures represent a significant public health burden; these fractures, particularly in the hip, vertebrae, distal radius, and proximal humerus, are associated with high mortality rates. Hip fractures alone are leading to a 20% mortality rate within the first year.^[1] Osteoporosis, a metabolic bone disease, has attracted widespread attention globally in recent years. It often stems from osteopenia and involves changes in bone microstructure, making bones prone to fracture.^[1] Osteoporotic vertebral compression fractures (OVCFs) commonly occur in the lower thoracic and lumbar vertebrae.^[1] As a prevalent complication of osteoporosis, the incidence of OVCFs is increasing annually in elderly people.

The rising prevalence of Kümmell's disease, a delayed type of osteoporotic vertebral fracture, is becoming a significant challenge in aging population. It is characterized by vertebral osteonecrosis and subsequent collapse.^[2] One of the promising approaches is the use of hollow

pedicle screw-anchored bone cement combined with posterior long-segment fixation (LSF) aiming to provide the dual benefits of stabilizing the vertebral body through the anchoring effect of bone cement and reducing surgical trauma by avoiding extensive decompression and bone grafting.^[3]

In a meta-analysis aiming to compare the efficacy and safety of unilateral versus bilateral percutaneous kyphoplasty (PKP) in treating OVCFs unilateral PKP appears equally effective as bilateral PKP for treating OVCFs, but with certain advantages in terms of procedure time, cement use, and pain reduction.^[4]

In conclusion, we should be more concerned about anemia in patients with thoracolumbar OVCFs after unilateral extrapedicular approach compared to the unilateral transpedicular approach.^[5]

Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflict of Interest: The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding: The authors received no financial support for the research and/or authorship of this article.

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Received: August 19, 2025

Accepted: August 19, 2025

Published online: November 25, 2025

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DOI: 10.52312/jdrs.2026.57931

Citation: Atik OŞ. Osteoporotic thoracolumbar vertebral compression fractures: Controversial issues and current solutions. *Jt Dis Relat Surg* 2026;37(1):261-262. doi: 10.52312/jdrs.2026.57931.

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