

# Clinical cases collection

## Physician

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## Clinical case

**Patient:** Female, 68

**Level:** L4

**Reason:** Osteoporotic vertebral  
compression fracture

**Case type:** OmniCurve 11g 20mm

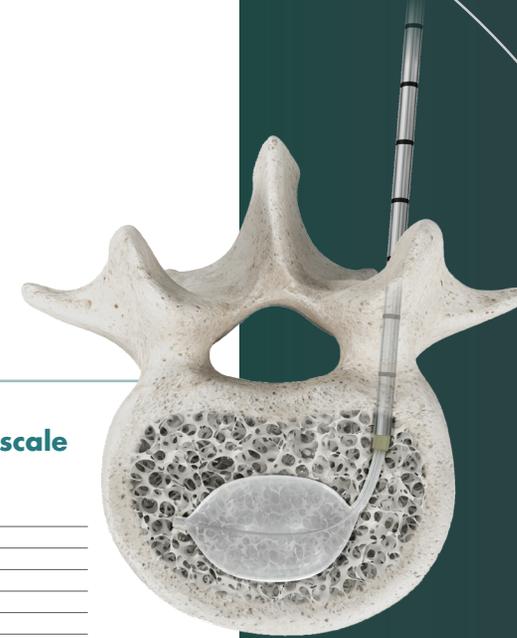
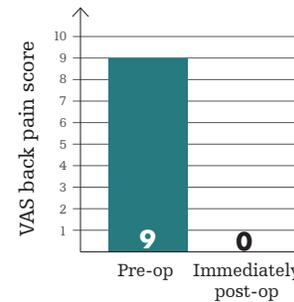
## Case presentation

A 68-year-old female patient with a history of osteoporosis, sustained an A1 vertebral compression fracture (VCF) at L4 following multiple severe coughing episodes caused by pneumonia.

The patient had been managing the injury conservatively for seven months. Her pre-operative VAS pain score was a 9 out of 10. The decision was made to treat the fracture with an 11g 20mm OmniCurve balloon, followed by an injection of 9.0 cc of VertaPlex HV bone cement, using the AutoPlex mixer and delivery system.

The procedure was successful, achieving full vertebral stabilization and resulting in a post-operative VAS pain score of 0 out of 10 by the time of discharge later that day.

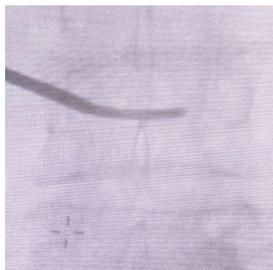
## Visual analog scale



**OmniCurve<sup>®</sup>**  
curved balloon system



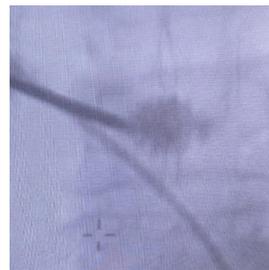
## Surgical procedure images



Procedure fluoro  
(AP view)



Procedure fluoro  
(AP view)



Procedure fluoro  
(AP view)

## Post-op image



Post-op fluoro  
(AP view)

## Interventional Spine

**Bone cement:** Serious adverse events, some with fatal outcome, associated with the use of bone cements for vertebroplasty, kyphoplasty and sacroplasty include myocardial infarction, cardiac arrest, cerebrovascular accident, pulmonary embolism and cardiac embolism. Although it is rare, some adverse events have been known to occur beyond one year post-operatively. Additional risks exist with the use of bone cement. Please see the IFU for a complete list of potential risks.

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