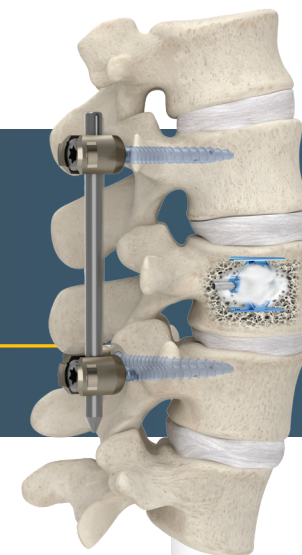


Clinical cases collection

SpineJack system



Pre-op images

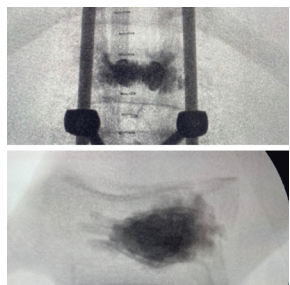


Pre-op CT scan
(lateral view)



Pre-op MRI
(lateral view)

Post-op images



Post-op fluoro
(AP and lateral view)



Post-op X-Ray
(lateral view)

Physician

Dr. Pablo Acebal

Miami, Florida

Clinical case

Patient: Male, 39

Level: L1 Spinejack system, T11, T12, L2, L3 with hardware

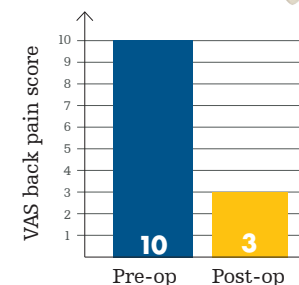
Reason: Traumatic compression fracture

Case presentation

After a 10-foot fall from a forklift, the patient suffered a traumatic compression fracture in the thoracolumbar region. The burst fracture of L1, after MRI/CT scan confirmation, included bone retropulsed into the spinal canal. On examination, radicular weakness was documented in the lower extremities and was noted to be worse in the right leg than in the left leg, 3 out of 5 on motor strength testing. Some urinary retention and no saddle anesthesia were noted.

The SpineJack system was used to treat the L1 compression while assisting in the decompression and stabilization with instrumentation of T11 T12, L2 L3. Open procedure with O-arm navigation assisted in precise screw placement at two levels above, two levels below and visualization of the retropulsed fragments. Steinmann pins, Kirschner wires (K-wires) and two 4.2 mm SpineJack implants were placed using a posterior approach to reduce the

Visual analog scale



burst fracture and provide anterior column support. The SpineJack implants were expanded 1.25 cm under the superior fragment and stabilized with 3cc's of VertaPlex HV bone cement.

In this case, O-arm imaging showed instrumented ligamentotaxis and stabilization of the burst fracture following treatment. Decompressive laminectomy was performed to complete the procedure.

The patient was discharged with an improvement in pre-op neurological deficits and no medical complications. At the six-week follow-up visit, the patient showed improved lower extremity strength (4 out of 5 on motor strength testing) and a normal walk.

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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