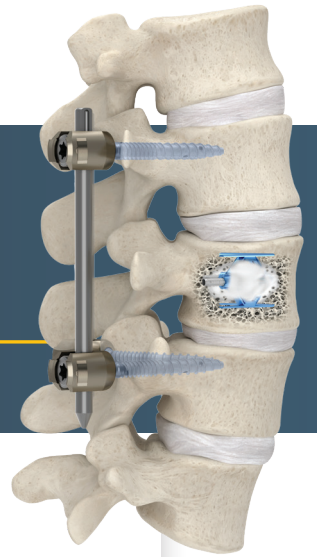
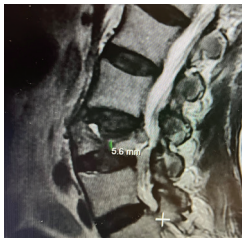
stryker

Clinical cases collection

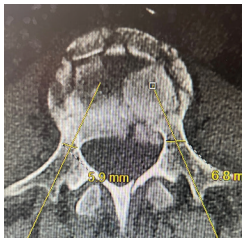
SpineJack system



Pre-op images

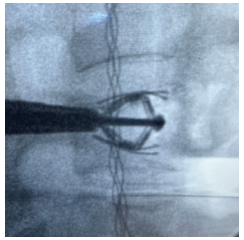


Pre-op MRI (lateral view)

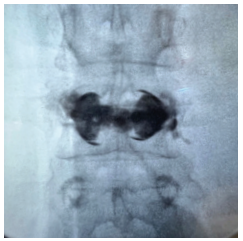


Pre-op CT scan (axial view)

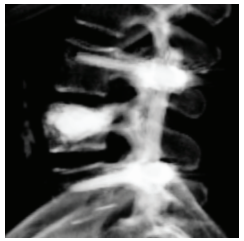
Surgical procedure



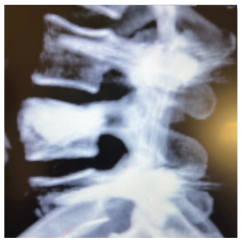
Intra-op fluoro (lateral view)



Post-op fluoro (AP view)



AIRO intra-op CT scan (lateral view)



AIRO intra-op CT scan (lateral view)

Physician

Jose Valerio, MD, MBA, MBS, FAANS, FACS
Assisted by: **Yeliana Mayor Pinchevski, PA-C, MPAP**
Miami, Florida

Clinical case

Patient: Female, 71
Level: L3, L2-L4
Reason: Traumatic vertebral compression fracture

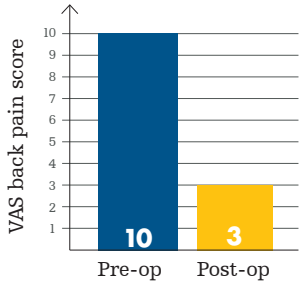
Case presentation

The patient fell down the stairs and experienced immediate pain in her back after she heard a popping sound. A CT scan confirmed that an A3.2 traumatic fracture occurred at the L3 vertebrae. The vertebra was split in the coronal, sagittal and axial planes. A further CT scan and MRI showed retropulsed fragments that affected the anterior longitudinal ligament (ALL) and posterior longitudinal ligament (PLL). While the ALL and PLL were intact, they were both buckling. The patient presented with 10/10 pain and was unable to walk after the incident.

In this case, the patient was treated using posterior instrumentation along with the SpineJack system at the affected level. During the procedure, two 5.8 mm SpineJack implants were expanded to the maximum height of 20 mm and cemented in place with 4.5 ccs of VertaPlex HV bone cement. Stryker screws were placed percutaneously at L2 and L4 for segment stabilization. CT imaging from Stryker's Airo TruCT showed instrumented ligamentotaxis, stabilization of the burst fracture and anatomical restoration of 17.4 mm. Following the surgery, the patient stated she had 3/10 pain.

According to Dr. Valerio, a younger patient may potentially have had a more invasive procedure, including a corpectomy and a longer construct. Midline vertebral body height restoration was achieved through the use of the SpineJack implants.

Visual analog scale



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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