## Successful surgical treatment of cardiac embolism with bone cement after vertebroplasty of the L2 vertebrae body

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## Value of vascular embolism: from 3.5 to 30 \%

## Factors of cement leakage

- Cement viscosity
- Bone permeability
- Marrow viscosity
- Bone porosity
- Size of the injection cavity
- Diameter of the leakage path
- Bone pore size


## Possible directions of leakage

- The puncture canal
- The disk
- The spinal canal
- Paraspinal tissues
- Paravertebral veins
- An incidental finding
- During the procedure
- Immediately following the procedure
- During hospital recovery
- Long term complication


## Required examinations

- CT
- TT Echocardiography
- Transesophageal Echocardiography
- angiography



## Complications

Minor

- Fever
- Transient back pain worsening
- Transient radicular pain
- Paravertebral venous migration and subcutaneous hematoma along the course of the bone needle
Major
- Cauda equina/spinal cord compression
- Nerve root compression
- Spondylitis
- Arterial migration
- Symptomatic pulmonary migrations and decompensation of comorbidities (cardiac or pulmonary failure)


## Surgery indications

- High risk of complications
- Clinical manifestations of embolism
- Tight adherence of cement masses to the myocardium
- When they are in the pericardial bag
- Trauma of the valve


## Clinical case

- Woman, 40 y.o.
- 02/2019 from the trauma department of the city hospital
- Ds.: Closed compression stable uncomplicated penetrating fracture of L2, L3, L4 vertebral bodies. Closed fracture of the spinous process of the L3 vertebra.
- Performed: vertebroplasty of L2 vertebra, transpedicular fixation of L3-L5 vertebrae



- Cardiotonic support was not required
- Dabigatran etexilate 150 mg 2 times å day 10

On the 15 th day the patient was discharged from the department.


Fin.

