



An Osteoporotic Vertebral Fracture Case After Lumbar Sympathetic Ganglion Block

Lomber Sempatik Ganglion Bloğu Sonrası Gelişen Osteoporotik Vertebra Kırığı Olgusu

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Dear editor,

I would like to share my opinions about the publication "An Osteoporotic Vertebral Fracture Case After Lumbar Sympathetic Ganglion Block" (1). In this case report, a 66-year-old female patient diagnosed with lymphedema, cervical cancer, hypertension and osteoporosis (OP) is discussed. In this case, it was stated that the patient developed an osteoporotic vertebral fracture after lumbar sympathetic ganglion block (LSGB) performed due to persistent lymphedema (1).

As it is known, OP is an important clinical problem, especially in elderly women and men. As a result of increased bone fragility in OP, fractures may occur in many bones, especially the vertebrae. These fractures increase healthcare costs and negatively affect individuals' quality of life (2). From this perspective, we can say that fracture formation is one of the most important complications of OP. Topaloğlu and Erol (3) in their study evaluating the fracture risk in patients over the age of 65, they found that the bone mineral density of prediabetic patients was significantly lower than that of non-diabetic patients. However, fracture rates were found to be similar in both groups (3). When we look at this study, we can comment that bone mineral density measurement is not very sensitive in showing bone fragility. Mathew et al. detected a sacral insufficiency fracture in a 61-year-old female patient diagnosed with cervical cancer after cancer treatment without any steroid use and trauma. In this case, the patient applied with the complaint of severe back pain before treatment (4). In a study by Lee et al. (5), early diagnosis and treatment of gynecological cancers increased the treatment rate and survival rate of cancer patients; However, they emphasized that osteoporotic fractures not only reduce the quality of life of long-lived patients but also increase their mortality. This study suggests that the risk of bone density loss and OP in gynecological cancer should be recognized, prevented, and diagnosed early to reduce the incidence of osteoporotic fractures (5). In another study

in the literature, Barron et al. (6) stated that bone mineral density, previous fractures, recent falls, physical functions, age, cognitive status and general health status are direct and/or indirect risk factors for possible osteoporotic fractures.

When we look at the literature in general, it is clear that there are many factors that increase the risk of osteoporotic fractures and that the risk of fracture cannot be predicted by bone mineral density measurement alone. In addition, treatments received in individuals with comorbid diseases such as cancer, decreased activity level, sarcopenia and many factors may increase the occurrence of osteoporotic fractures. In addition, high doses and long-term use of glucocorticoids lead to OP, especially in patients. Therefore, fracture risk assessment is recommended for all patients using long-term glucocorticoids (7).

When we look at the cases of osteoporotic fractures in the light of the literature, it is clear that it is difficult to establish a definitive relationship between osteoporotic fracture formation and LSGB. Because the cancer history of the patient in the current case is a significant risk for osteoporotic fracture. Apart from this, eating habits, sun exposure, sarcopenia and other risk factors should be questioned meticulously. In addition, the time between steroid injection and fracture formation is very close, and very high doses of steroids were not administered. In this respect, there is a possibility that the result obtained is coincidental.

I would like to thank the authors for their support to the literature. I think more cases and case series are needed to understand the existence of the relationship between LSGB and osteoporotic fracture. In this respect, it would be useful to look at patients receiving LSGB treatment from this perspective.

Keywords: Low back pain, lymphedema, osteoporotic fracture, sympathetic ganglion, steroids

Anahtar kelimeler: Bel ağrısı, lenfödem, osteoporotik kırık, sempatik ganglion, steroidler

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