

Case Report

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Cement pulmonary embolism as a complication of percutaneous vertebroplasty

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Clinical image description

Percutaneous Vertebroplasty (PV) involves the injection of Poly Methylmeth Acrylate (PMA) Bone Cement (BC) into the vertebral body. Passing BC into the vertebral venous plexus and then into the lungs is a rare complication of PV. In some series, the reported incidence of Pulmonary Cement Embolism (PCE) ranges up to 26% [1].

We present an incidental finding of PCE after PV in a 42-year-old woman with a history of PV 2 years previously for L1 metastatic fracture due to follicular lymphoma. Chest X-ray showed high-density opacity in a tubular branching pattern (Figure 1).

CT scan identified multiple segmental PCE of both lungs, both especially in the left lung (Figures 2).

The patient was managed conservatively.

No treatment is recommended for asymptomatic patients. Initial treatment should include 3 to 6 months of anticoagulant therapy for those with symptomatic peripheral embolisms and embolectomy in symptomatic and severe cases. This report

highlights the need for a standard protocol of chest X-rays years after the procedure and measures to minimize the risk of PCE, like using BC substitutes [2].

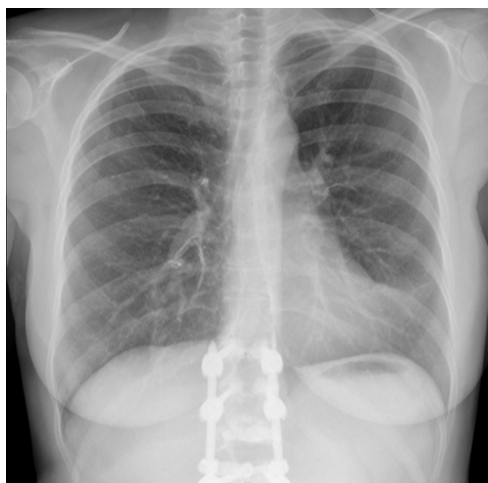


Figure 1:

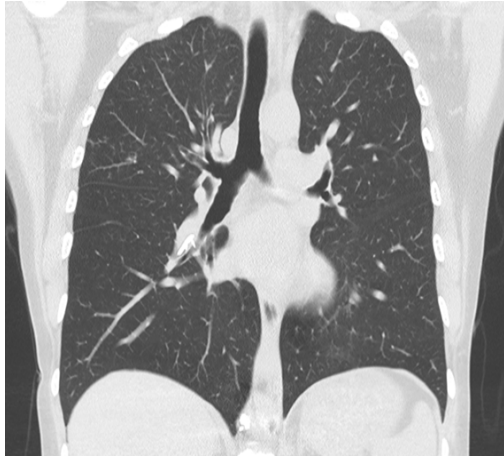


Figure 2:

Declarations

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Informed consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Data availability: The authors declare that data supporting the findings of this study are available within the article.

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