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Letter to the editor

Reply on "teriparatide treatment for postmenopausal women with sacral insufficiency fracture"

To the editor,

Thanks for the letter ([1]) regarding our article. Patients with sacral insufficiency fracture (SIF) usually complain of low back and groin pain and coxalgia. The pain originates from periosteum stimulated from motion between fracture site when the body is in motion or weight bearing. Both teriparatide (TPTD) and sacroplasty can stabilize the fracture site in different ways and improved back pain.

Sacroplasty essentially provides temporary stability to the fractured area with bone cement before bone union occurs. However, the success and outcomes of this surgery is highly dependent on the surgeon's technique.

Although there have been no reported cases of severe complications, cement leakage into the foramen can still potentially lead to some sequelae. The incidence of cement extravasation is 7.4%–12.5% [2,3]. Most of these complications are clinically silent, however, cement leakage into the fracture gap during sacroplasty predisposes to the 5th lumbar root injury [4].

Therefore, the surgeon's technical expertise and experience may vary in terms of pain relief. Furthermore, sacroplasty can only provide stabilization for SIF, and it does not simultaneously stabilize fractures involving the pubic ramus. On the other hand, research has shown that TPTD may be helpful for early bony union [5], even within 1 week after fracture occurrence [6,7]. This could assist both SIF and some pubic ramus fractures. From a statistical standpoint, it is reasonable to say that the improvement rates of both methods are similar at 2 weeks, or that TPTD may be superior.

Conflicts of interest

The authors declare no competing interests.

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