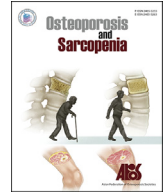




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Letter to the editor

## Teriparatide treatment for postmenopausal women with sacral insufficiency fracture

Dear editor

As one of the osteoporotic fractures, sacral insufficiency fracture (SIF) is one of the causes of acute lower back pain, and since it is difficult to diagnose in the early stages with simple radiographs, additional imaging studies such as bone scan, CT, and MRI are often required [1,2]. For these osteoporotic vertebral fractures including SIF, conservative treatment is recommended first, but some studies have reported that augmentation using bone cement at fractured vertebrae can be safely used to obtain quick relief of clinical symptoms [3,4]. In addition, it has been recently reported that the use of the anabolic agents such as teriparatide may be suggested in SIF including vertebral fractures, thereby promoting fracture healing and relieving clinical symptoms [5–7]. This study is meaningful in that it compared the clinical and radiographic results of sacroplasty and teriparatide treatment for SIF and suggested that the use of teriparatide showed better results in terms of fracture healing and clinical symptoms improvement [8]. However, as the authors also mentioned, sacroplasty is used for the purpose of reducing pain and early movement by providing stability of the fractured bone rather than promoting normal healing of the fracture, thereby it was expected that sacroplasty would be superior at the earlier time of injury, but it is interesting to see a similar reduction in pain at 2 weeks. In addition, considering the healing period of the fracture, the authors used teriparatide for 6 months after the injury, and as a result, a relatively large reduction in pain was obtained at 3 months post-injury. A lot of information will have to be accumulated to address the advantage and disadvantage of short term and long term use of teriparatide. Even most of SIF are relative stable fractures, in limited cases unstable conditions combined with anterior ring fractures and displacement of pelvic ring may be needed longer bed rest or surgical intervention to stabilize the fracture [9,10]. Therefore, in terms of the appropriate indications of teriparatide treatment, various clinical factors should be considered.

## Conflicts of interest

The author declares no competing interests.

## Acknowledgments

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11 May 2023

Available online 23 June 2023