ABSTRACT

Sacral fractures may be complication of lumbar and lumbosacral fusions, increasing costs and morbidity of spinal surgeries. The most common risk factors for sacral fractures are obesity, sagittal unbalance, poor bone quality and a long fusion. Clinical presentation generally consists of a new low back or buttock pain after some days/weeks or months after an index lumbar procedure. Although plain radiographs may diagnosis sacral fractures, CT scan with reconstruction is the image modality of choice for these injuries. Treatment may consist in pain management in mild and aligned fractures or surgical revision, including extending the posterior fusion with iliac fixation. Understand the nuances involved in sacral fractures after fusions are important to try to avoid this complication and, when it happens, performed the adequate diagnosis and management.
By this time, the best way to prevent sacral fractures is to understand the risk factors, avoiding, for instance, stopping long fusions at S1 and adequate correction of sagittal unbalance. Additionally, it is important to treat osteoporosis and obesity to potentially decrease complications. Further comparative studies are also necessary to clarify the best treatment options.

REFERENCES


Peer reviewer: Mohamed Abdel-Wanis