Bone Cement Embolization: A Clinical Image

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Introduction

A 70-year-old man presented with 2 weeks non-productive cough started after flu-like symptoms. The patient had been undergone percutaneous vertebroplasty using acrylic osseous cement injection 1 month before, for his osteoporotic lumbar vertebra fracture. Physical examination revealed nothing unusual finding. A chest radiograph showed branching linear hyperdensity in both lungs conform to pulmonary vascular marking (Figure 1, Blue arrows).

According to his medical history, pulmonary bone cement embolization was considered as the diagnosis. Accidental finding was a round well-defined hyperdense opacity placed at the upper border of the stomach (Figure 1, White arrows), which by endoscopy revealed to be a bezoar that removed with endoscopic fragmentation and retrieval.

Figure 1. Posterior-anterior (PA) chest radiogram which shows branching linear hyper density in both lungs (Blue arrows), and round well-defined hyperdense opacity placed at the upper border of the stomach (White arrows).

Keywords:
Bone cement; Pulmonary embolism; Vertebroplasty

The patient treated conservatively as it should be done in most cases of cardiovascular and pulmonary complications of pulmonary cement emboli. His symptom and chest radiogram signs resolved gradually after 2 months of follow-up.

Pulmonary bone cement embolization is a well-known complication after vertebroplasty with cement that mostly is asymptomatic (1, 2). Treatment depends on severity of symptoms; asymptomatic patient require no treatment, but in symptomatic patient, different types of treatment methods are suggested such as surgical removal, anticoagulation, corticosteroids, and antibiotics (1, 3).

Conflict of Interests
Authors have no conflict of interests.

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References