



IMAGES OF SPINE CARE

Spinal fusion from nonoperative management of lytic myelomatous vertebrae

Multiple myeloma patients with extensive lytic lesions causing spinal instability, according to the Spinal Instability Neoplastic Score [1], have traditionally been managed surgically with spinal decompression and stabilization [2].

However, instrumentation may be difficult because of poor screw purchase in those with osteoporotic bone and may fail when bridging of large lytic defects is required. In addition, these patients are rendered pancytopenic from the chemotherapy or stem cell transplantation, increasing the risk of infection [3,4].

We discuss an 89-year-old woman with a destructive lytic myelomatous lesion affecting adjacent cervical vertebral bodies and rendering the spine unstable (Spinal Instability Neoplastic Score 11). Because of significant comorbidities, she was treated nonoperatively with a hard collar for 2 months. This resulted in significant extrasosseous bone

formation around the lesion, giving an apple core appearance (Figure).

Multiple myeloma is an osteoclastic disease in which an osteoblastic response is not expected. In this case, nonoperative management of this extensive myelomatous spinal lesion produced an adequate fusion mass to restore stability without the need for spinal instrumentation and avoiding potential associated surgical complications in these high-risk patients.

References

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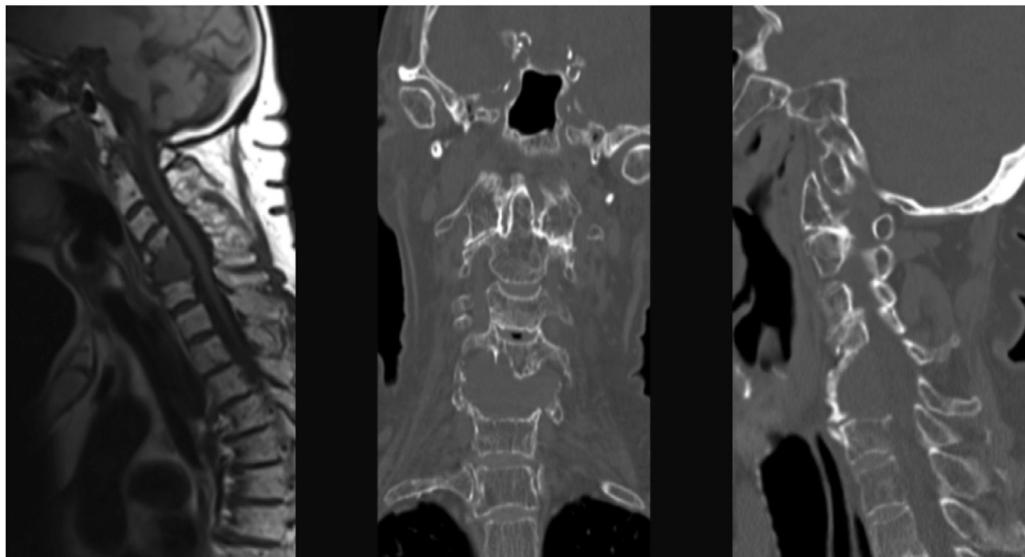


Figure. Pretreatment magnetic resonance imaging demonstrating vertebral lesion with posttreatment computed tomography coronal and sagittal cuts confirming extrasosseous bone formation.

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FDA device/drug status: Not applicable.

Author disclosures: **KG**: Nothing to disclose. **JSB**: Nothing to disclose.
AB: Nothing to disclose. **SS**: Nothing to disclose. **SM**: Nothing to disclose.