Sacroplasty Brings Pain Relief, Cuts Use of Opioids

BY BRUCE K. DIXON
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SEATTLE — Percutaneous sacroplasty seems to be a safe, effective therapy for painful sacral insufficiency, according to a multicenter study presented at the annual meeting of the North American Spine Society.

“The rate of improvement is rapid, with a 50% or better reduction in pain even before patients left the office. Pain reduction occurs primarily within the first 3 months and is sustained to 1 year,” said Dr. Michael Frey of the Physiatric Association of Spine, Sport, and Occupational Rehabilitation in Fort Meyers, Fla. Sacral insufficiency fractures are a known cause of pain in patients with weakened bone, with a natural history similar to that of vertebral compression fractures. Symptoms gradually resolve, but recovery is slow and patients often resort to opioid analgesics for relief.

Previous studies have shown that injection of polymethylmethacrylate (PMMA) relieves pain quickly and thoroughly by stabilizing the fracture. However, those studies were small, and their follow-up intervals were 2-16 weeks, Dr. Frey said. In this prospective, observational cohort study, 25 consecutive sacral insufficiency fracture patients were treated with sacroplasty. There were 17 women and 8 men with a mean age of 74 years and a mean duration of pain of 41 days. Pain level was assessed using the visual analog scale (VAS), and patient satisfaction and analgesic use were determined.

At 1 year, 23 of the 25 patients were available for follow-up. One patient had died from unrelated pulmonary disease. The mean VAS score, which was 7.3 at baseline, plunged to 2.7 immediately postprocedure, and at 1 year, was 0.3. Improvement was statistically significant at 1 year and at each follow-up interval (2, 4, 12, and 24 weeks). “We saw a dramatic reduction in the use of opioid analgesics and what we would expect to be an increase in the use of nonopioid pain medications,” he said.

Biologic Doesn’t Increase Risk of Infection in RA

RHODES, GREECE — Adalimumab does not appear to increase the risk of serious infection in patients with rheumatoid arthritis, Dr. J. Kent reported at the 15th Congress of the European Academy of Dermatology and Venereology.

There was concern that rheumatoid arthritis (RA) patients, who are more prone to infection than are their healthy peers, would develop more infections while on anti–tumor necrosis factor (anti–TNF) agents like adalimumab (Humira) because of the role these agents play in host defense, Dr. Kent explained in a poster at the meeting.

However, in a study of more than 2,500 patients who participated in North American and European trials of adalimumab—which is also approved for the treatment of psoriatic arthritis and ankylosing spondylitis—there was no increased incidence of serious infections in RA patients, compared with the reported incidence of such infections in RA patients naive to anti–TNF therapy.

A total of 378 serious infections—most commonly pneumonia (70 patients), septic arthritis (37 patients), urinary tract infection (34 patients), and cellulitis (30 patients)—occurred in 305 patients (4.3 infections per 100 patient-years). The rates were similar to those reported in RA patients prior to availability of anti–TNF agents (3.1-9.6 infections per 100 patient-years and European trials of adalimumab—which is also approved for the treatment of psoriatic arthritis and ankylosing spondylitis—there was no increased incidence of serious infections in RA patients, compared with the reported incidence of such infections in RA patients naive to anti–TNF therapy.

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The rate of serious infections also was not affected by diabetes status; a total of 23 patients with diabetes had infections (4.9 infections per 100 patient-years), compared with 355 of 2,358 patients without diabetes (4.3 infections per 100 patient-years). Of note is a finding that 73% of patients with serious infections were using steroids at the time of the infection.

—Sharon Worcester