IN RESPONSE**To the Editor:**

I read with interest Dr. Yeung and Lieberman's response to our case report on Pseudo-Kummell's Disease. I respectfully take issue with much of their commentary.

As a practitioner of both vertebroplasty and kyphoplasty, I have always been impressed by the degree to which both procedures can help treat, previously refractory, debilitating compression fractures.

The authors discuss the possible complications associated with vertebroplasty. Percutaneous vertebroplasty is a well-established procedure that has a low complication rate. As with any invasive procedure there are risks involved. The authors insinuate that complications arise in the majority of vertebroplasties performed when they discuss a 70% cement leakage rate. Cement leaks do not occur that frequently and in most series are reported as occurring much less commonly than that. In the early vertebroplasty lit-

erature, cement leaks were termed technical complications in an attempt by practitioners to be complete in their reporting. These are almost never symptomatic and the discerning observer will recognize that they occur during both vertebroplasty and kyphoplasty.

The authors further comment that the patient is not a traditional vertebroplasty candidate. Following evaluation by this author, the patient was referred to a seasoned neurosurgeon with expertise in spine. It was on the basis of his feeling that the patient was not a surgical candidate and encouragement to move forward with vertebroplasty that we considered proceeding. Because the procedure was higher risk than usual, we explained to the patient/family that our typical complication profile was not necessarily applicable in this situation. As such, we termed the procedure high-risk vertebroplasty. Pushing the boundary of accepted indications is done frequently when it is in the best

interest of the patient. The caveat is that the reason the boundary is being stretched is made clear to the patient and that they wish to proceed in light of all the facts.

As a practitioner of both vertebroplasty and kyphoplasty, let me assure the authors that routine cannulation can introduce air. This is actually more typical of kyphoplasty with its definitional creation of an air cavity and multiple exchanges. I sought to put a name on the observation and for the reasons outlined in the paper termed it Pseudo-Kummell's disease. The authors of the commentary are free not to use this term.

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