

An Uncommon Case of Severe Alcohol-Induced Osteoporosis Presenting as Extensive Multilevel Vertebral Compression Fractures

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CASE DIAGNOSIS

Six Vertebral Compression Fractures Secondary to Alcoholism Related Osteoporosis

CASE DESCRIPTION

- 48 y/o F, four months peri-menopausal, with eight-month history of low back pain
- Vertebral compression fractures T8-12, L3-4; DEXA T score -3.3 at L3 vertebra
- Treatment: Alendronate, cruciform anterior-spinal hyperextension brace, referred for kyphoplasty which was later denied
- Vit D, PTH, Ca WNL; no evidence of malignancy or metastatic disease on hematological work up
- Outside hospital records showed two-week hospitalization for hepatic encephalopathy due to alcohol abuse eight months prior to clinic presentation
- Patient had stopped drinking after hospitalization and did not share this information

DISCUSSION

- Although uncommon, alcohol abuse can cause severe osteoporosis and significant fracture burden
- Alcohol abuse screening is imperative to identify underlying etiology of osteoporosis
- For our patient, extensive investigation and record review was necessary given the discordance of the multilevel vertebral compression fractures and absence of other osteoporosis risk factors

CONCLUSION

- Patients may not be forthcoming regarding histories of alcohol abuse
- A high index of suspicion for alcohol as a causative factor for osteoporosis and vertebral compression fractures should be maintained especially in the absence of malignancy or other traditional causes
- Counseling against alcohol abuse in these patients is necessary for decreasing future fracture risk

CONTACT

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Unknown
alcohol
consumption

Lower
back pain

PMR referral; treatment
with Alendronate, brace
and referral for
kyphoplasty

Kyphoplasty denied due
to chronicity of fractures
and concern for more
fractures with procedure

Undisclosed
hospitalization

Workup
and
imaging

Review of outside
hospitalization records revealing
hepatic encephalopathy

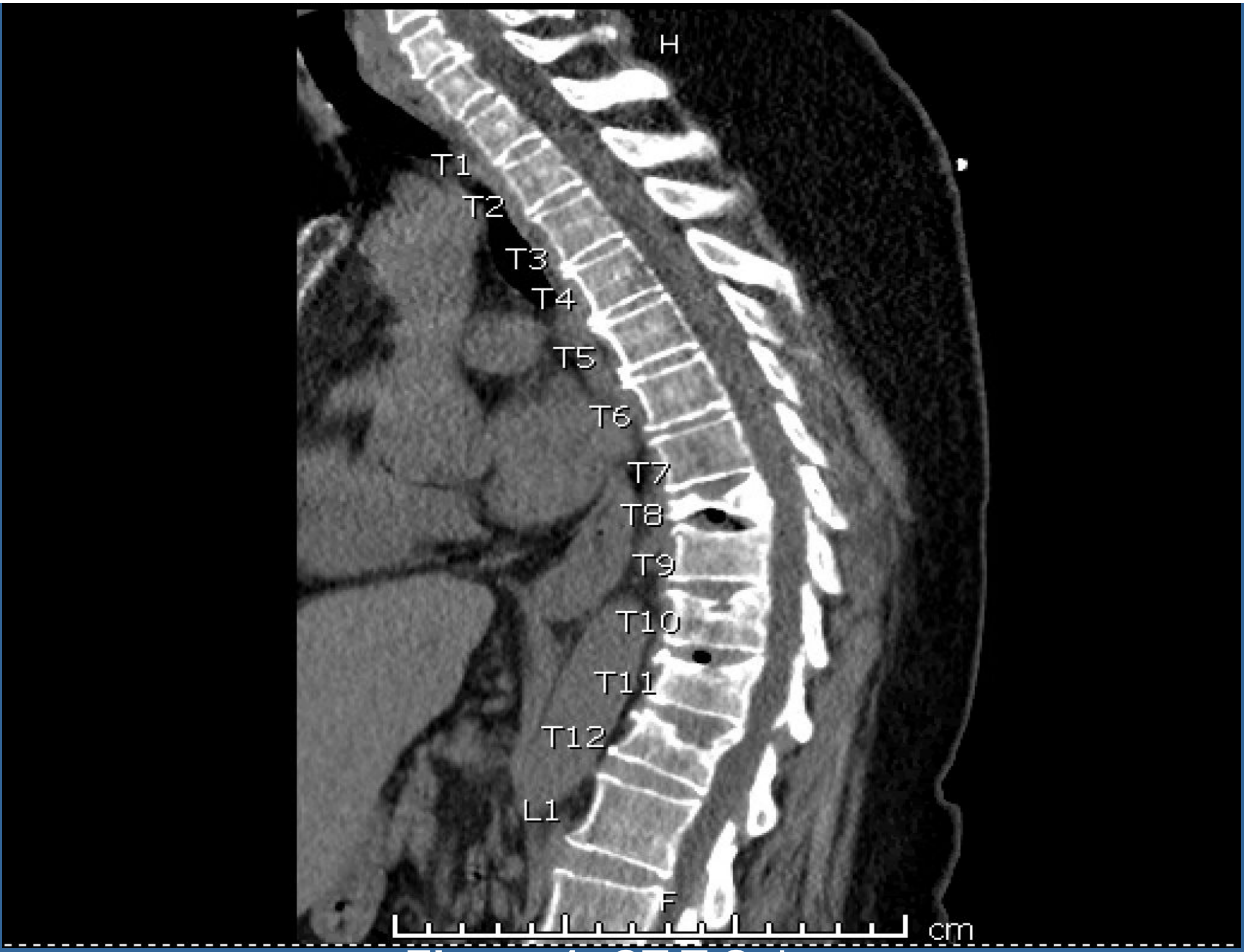


Figure 1. CT T-Spine
w/o Contrast



Figure 2. CT L-Spine
w/o Contrast.