

devra avoir été authentifiée comme responsable des signes cliniques par la conjonction de l'interrogatoire, de l'examen clinique et des données de l'imagerie.

Les principales indications de cimentoplastie sont les suivantes :

- Un mauvais contrôle de la douleur par le traitement antalgique médicamenteux.
- Une complication ou une mauvaise tolérance du traitement par opiacés (constipation, rétention d'urine, confusion).
- En alternative lorsque les autres techniques sont inefficaces ou non indiquées dans la prise en charge palliative (contre-indication opératoire, impossibilité de ré-irradiation).
- A visée antalgique et de stabilisation en alternative à un traitement chirurgical beaucoup plus lourd (cimentoplastie cotyloïdienne par exemple) en alternative ou en association à une radiothérapie antalgique.

4. Quelles sont les contre-indications de la cimentoplastie ?

Les douleurs bien maîtrisées par le traitement médicamenteux sont une non-indication.

Contre-indications absolues	Contre-indications Relatives
<ul style="list-style-type: none"> • Fracture asymptomatique, non instable • Douleurs diffuses non localisées • Infection générale en cours ou infection cutanée au point de ponction • Troubles sévères de la coagulation • Allergie au composé du ciment 	<ul style="list-style-type: none"> • Atteinte extensive du mur postérieur, recul du mur postérieur (expérience de l'équipe) • Radiculopathie • Extension canalaire de la tumeur ou épiderite • Présence d'une ouverture articulaire

Tableau 8 – Contre-indications de la cimentoplastie

Concernant l'évaluation du risque hémorragique, les conditions suivantes doivent être remplies :

- Plaquettes > 50 000/mm³ et le TP > 50.
- Prise d'anticoagulant oral : relais par des héparines de bas poids moléculaire et arrêt la veille du geste.
- Prise d'antiagrégant (122,123) :
 - Arrêt du Clopidogrel cinq jours avant le geste
 - Arrêt des nouveaux anticoagulants oraux (Dabigatran, Rivaroxaban, Apixaban) 48h avant le geste
 - L'aspirine à une dose inférieure à 160 mg par jour peut être poursuivie, sinon arrêt de l'aspirine 5 jours avant le geste.

Toutes ces modifications se feront en accord avec l'équipe d'anesthésie et le prescripteur.

5. Quelles sont les complications de la cimentoplastie ?

La principale complication redoutée est *la fuite de ciment*, plus fréquente que lors de cimentation pour des fractures ostéoporotiques (124) car il est difficile de prédire sa répartition dans la tumeur lors de l'injection. Le ciment est à très haute viscosité ou injecté pâteux pour limiter les fuites vasculaires (voire les embolies), les fuites épidurales au niveau vertébral (avec leur risque de compression radiculaire ou médullaire). Les fuites discales ou extra-osseuses dans les parties molles sont assez fréquentes. La plupart sont asymptomatiques mais certaines peuvent être transitoirement responsables d'une hyperalgie sévère.

Les complications *hémorragiques* sont rares, dépendant du site de traitement mais surtout du terrain.

Les complications *infectieuses* sont rares mais redoutées car le ciment est considéré comme du matériel sur lequel pourrait se greffer les germes. Ainsi, sur un terrain souvent immuno-déprimé, il pourra être couvert par une antibioprophyxie.

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