

Hip Revision with **CERAMENT**™|BONE VOID FILLER: 8 month follow-up



## **DIAGNOSIS**

- Patient with history of well-positioned, well-functioning bilateral uncemented THAs presented with progressive left hip pain over 6 months.
- X-rays showed a large cystic osteolytic lesion in the left acetabulum involving the superior dome and the medial wall with extension into the ischium.
- ◆ CT scan confirmed extensive amount of osteolysis.

## **TREATMENT**

- Intraoperatively, significant wear of the polythylene liner allowing subluxation of the femoral head. The cup was solidly fixed and was not revised. The femoral head was exchanged for a new 32 mm head and the liner was exchanged to a10-degree elevated lip liner.
- A 2x2cm window was made above the acetabulum at the level of the cyst.
- The cyst was curetted and filled with 32cc CERAMENT™|BONE VOID FILLER (Fig. 1). Once CERAMENT™ solidified, the wound was irrigated and closed.

## **OUTCOME**

- ◆ At 6 weeks post-op, the patient had good and painless range of motion and was weight-bearing without aides. X-rays confirmed good positioning of the acetabula implant CERAMENT™|BONE VOID FILLER is still visible (Fig. 2).
- ◆ At 8 months post-op, the patient was doing well and was pain-free. X-rays demonstrated CERAMENT™|BONE VOID FILLER to be nearly completely resorbed and replaced with new cancellous bone (Figs. 4 & 5).













OUR MISSION is to improve the lives of patients suffering from bone disorders that cause bone voids, lead to injury, breakage, pain, and reduced quality of life.

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