

CERAMENT™ V

Case Report: CERAMENT™ V in a two-stage infected knee revision

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PATIENT

25 Year old female

DIAGNOSIS

- The patient had an osteosarcoma in the proximal tibia (Fig. 1), a course of chemotherapy (Fig. 2) and implantation of a hinged knee prosthesis (Fig. 3). This became infected, and a two-stage arthrodesis was carried out.

TREATMENT

- In the first stage, the knee implant was removed, and a resection and thorough débridement of all infected and dead tissue was carried out.
- The medullary canals were brushed and flushed with saline, and a 30-35 cm long metal rod was inserted from the femoral medullary canal into the tibial medullary canal (Fig. 4).
- CERAMENT™ V was injected around the rod and into any cavities in both the femur and tibia (Fig. 5), to provide a high dose of local antibiotic and improve bone stock for the second stage procedure.
- To preserve leg length and for load-bearing, PMMA was shaped and placed around the metal rod and between the femoral and tibial bone ends (seen on Figs. 6 and 7).
- Four months later the second stage was carried out and the metal rod was replaced with an uncemented arthrodesis nail (Figs. 8 and 9).

OUTCOME

- Immediately post-operatively CERAMENT™ V is clearly visible at the distal femur and proximal tibia (shown by the white circles in Fig. 7).
- An x-ray following the second stage procedure four months later shows bone remodeling in all areas where CERAMENT™ V has been injected (shown by the white circles in Fig. 8 and 9).

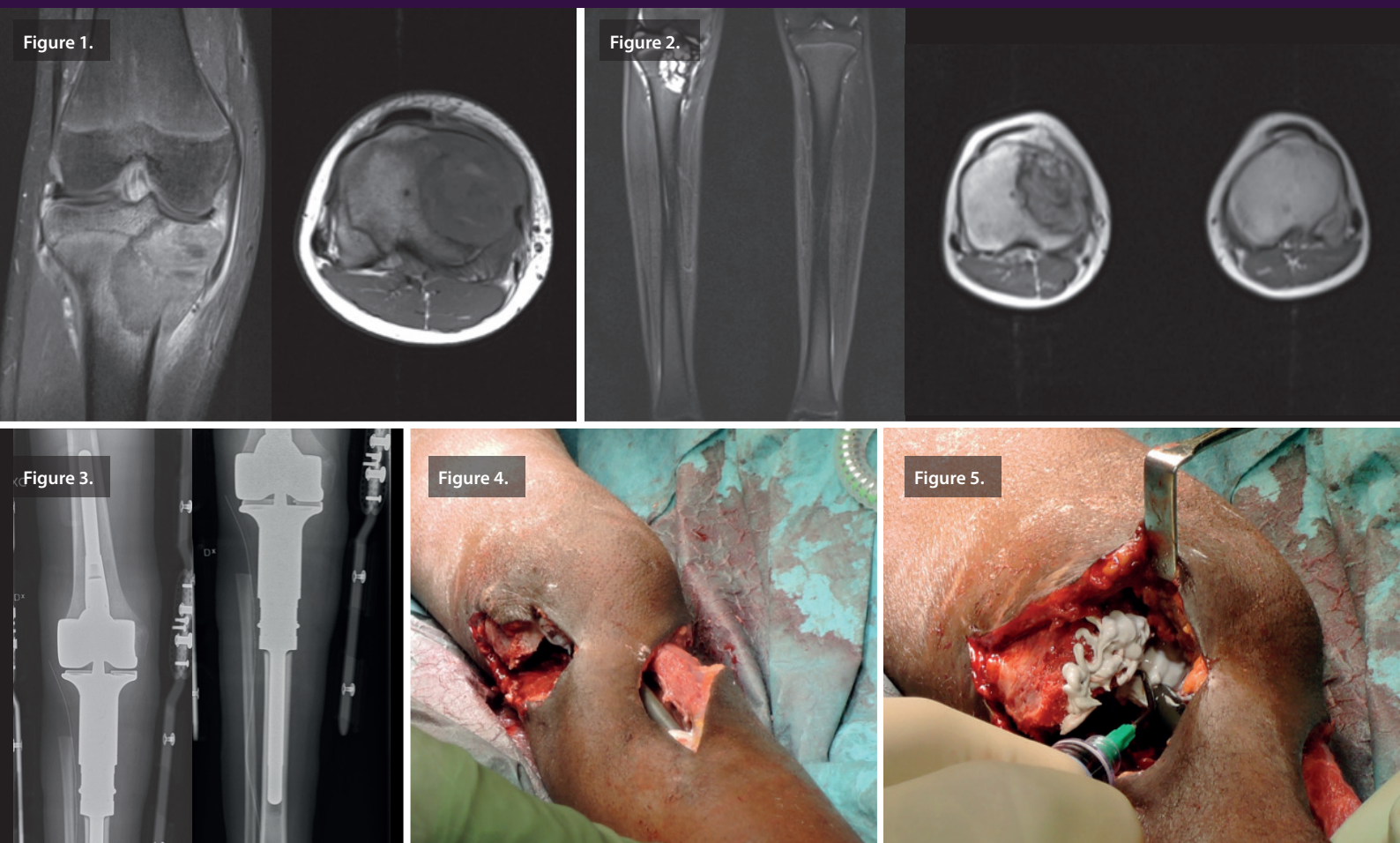


Figure 6.

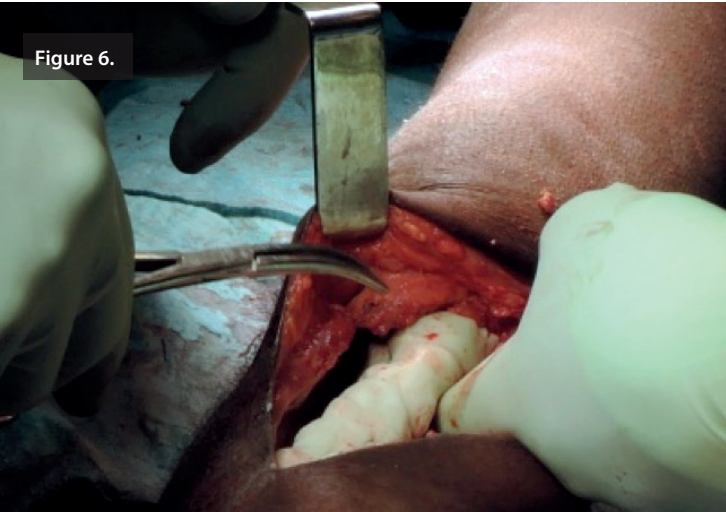


Figure 7.

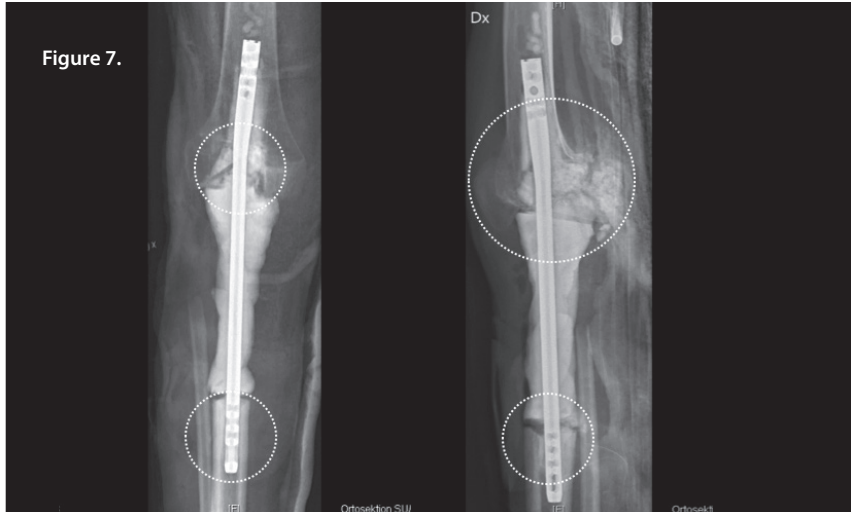


Figure 8.

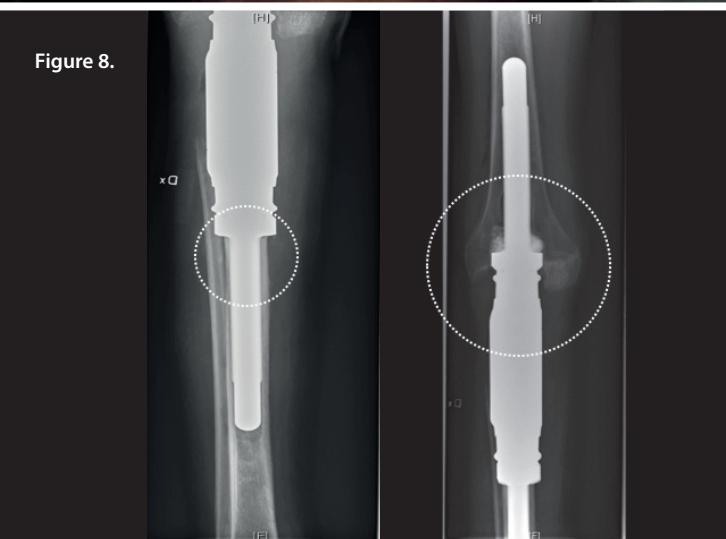


Figure 9.



OUR MISSION is to provide an injectable radiopaque bone substitute that has been proven to rapidly remodel into bone, with the potential to be combined with other substances, and is capable of being delivered percutaneously.

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