Case of the month

CERAMENT®G in a Two-Stage Infected Revision Hip

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**DIAGNOSIS**

- 4 years after a primary THR, the patient presented with hip pain, swelling and fever. An MRI scan revealed a large collection of fluid anterior to the femoral component, and bone loss of the greater trochanter (Fig.1). A two-stage revision was carried out.

**TREATMENT**

- During the first stage, all implants were removed, a thorough debridement was performed and a cement spacer with vancomycin and gentamicin was implanted (Fig.2). The patient was given ceftriaxone IV and rifampicin orally for 6 weeks, followed by Moxifloxacin and rifampicin orally for a further six weeks. Samples confirmed *Staphylococcus lugdunesis* infection.
- 4 months later in the second stage, a distal loading modular uncemented prosthesis and uncemented cup were implanted.
- A bone defect in the greater trochanter was treated by filling with 10mL CERAMENT®G and a circlage wire drilled through the lesser trochanter (Fig.3).

**OUTCOME**

- Follow up X-rays at 1, 3 and 10 months (Fig.4) post-operatively showed radiological evidence of new bone within the greater trochanter defect, with the patient having restored clinical function and no signs of infection.

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**Figure 1.** Pre-operative X-rays showing osteolysis around the proximal cement mantle and greater trochanter.

**Figure 2.** X-ray showing placement of the cement spacer during the first stage of the revision.

**Figure 3.** X-ray showing CERAMENT®G filling the bone defect around the greater trochanter (indicated by the red arrows) during the second stage of the revision.

**Figure 4.** 10 months post-operative X-rays showing bone remodelling around the greater trochanter.

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**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.