CASE STUDY

Limb salvage of a Diabetic Charcot Arthropathy with Osteomyelitis using CERAMENT™, a bi-phasic ceramic bone substitute

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<table>
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<th>PATIENT</th>
<th>57 Year old male</th>
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| DIAGNOSIS | • Neuropathic charcot deformity  
• Secondary mid-foot ulcer  
• Osteomyelitis |
| TREATMENT | • Application of an external fixator for stabilization, bone debridement followed by intravenous antibiotics and local wound care  
• At 6 weeks the wound had resolved, remaining instability of the ankle and mid-foot |

Reconstruction divided into 2 separate surgical stages:

**Stage 1:**
- Complete takedown with application of an intramedullary retrograde nail  
- Talus bone replaced with allogenic bone and autologous blood  
- Lack of structural cancellous support within the void and residual gaps led to utilization of CERAMENT™BONE VOID FILLER

**Stage 2:** 8 weeks after initial surgery to stabilize the mid-foot
- Bone resection and arthrodesis with a locking plate  
- Residual bone void was back filled with allogenic bone and autologous bone  
- To enhance bone integrity and fill residual gaps CERAMENT™BONE VOID FILLER was utilized

| OUTCOME | • Post operatively after each surgical procedure the patient was immobilized in a below knee cast for 2 months  
• 4 months after the second surgical procedure (mid-foot) the patient is full weight bearing  
• At 6 months the bone appears to be fully incorporated and mature |
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.