Case Report: Treatment of extensive chronic femoral osteomyelitis using CERAMENT™G: 12-month follow up

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PATIENT
41 Year old male

DIAGNOSIS
○ Chronic osteomyelitis of the left femur (Fig.1) for 22 years with multiple previous surgeries and hospitalisations.

TREATMENT
○ Femur cleaned, condyles extensively debrided, and the condyles and proximal femur filled with CERAMENT™|G (30cc and 20cc, respectively, Fig. 3) by first injecting CERAMENT™|G in a backfilling technique and then forming a CERAMENT™|G plug to press onto the opening of the cavity.
○ Two layers of TachoSil® put on top of the CERAMENT™|G and the rectus femoris muscle placed onto the full length of the debrided medullary canal and the flap closed (Fig. 2).
○ Drain tubes placed and the wound closed in layers.

OUTCOME
○ No complications observed in follow-up period.
○ 12 months post-operatively there are no signs of recurrent infection, and the patient is very satisfied.
○ X-ray shows inhomogeneous trabecular bone and irregular cortical lining in the femur.
○ CT shows part of the CERAMENT™|G implanted in the condyles has been resorbed, and new bone lining the cavity. Partly remodeled/resorbed CERAMENT™|G visible in the proximal part of the femur (Fig. 4).

Figure 1. Pre-operative X-ray.
Figure 2. Intra-operative.
Figure 3. Immediately post-operative X-rays showing location of CERAMENT™|G.
Figure 4. 12-month post-operative CT scans. Bone remodelling can be seen in the proximal femur and the condyles.

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.