Case Report:
Management of a Giant Cell Tumor using CERAMENT® BONE VOID FILLER: One Year Follow-Up

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Management of a Giant Cell Tumor with CERAMENT®|BONE VOID FILLER

PATIENT: 49 year old male.

DIAGNOSIS
- Pre-op radiographs and MRI suggested Giant Cell Tumor (GCT) of the left distal femur.

TREATMENT
- Intralesional excision of the GCT was performed.
- Margin expansion was achieved with an Argon Beam Laser.
- The debrided bone void was filled with 75cc of CERAMENT®|BONE VOID FILLER and the distal femur stabilized with a 4.5 lateral locking plate.
- Histology confirmed GCT.

OUTCOME
- Two weeks post-op, radiographs showed complete filling of the bone void with CERAMENT®|BONE VOID FILLER.
- At 6 weeks post-op, evidence of CERAMENT®|BONE VOID FILLER degradation is observed at the periphery of the bone void.
- Evidence of bone remodeling is seen at 10 weeks post-op, with degradation and resorption of CERAMENT®|BONE VOID FILLER in sync with generation of new bone.
- Patient was full weight bearing at 6 weeks post-op.
- At 7 months follow-up, the void is almost completely filled with new trabeculated bone.
- At 1 year follow up, the void is now completely filled with trabeculated bone.

FOLLOW UP RADIOGRAPHS
- 2 weeks Post-op: Radiographs show complete filling of the bone void with CERAMENT®|BONE VOID FILLER.
- 6 weeks Post-op: Degradation and resorption of CERAMENT®|BONE VOID FILLER starting from the periphery of the bone void.
- 10 weeks Post-op: Evidence of CERAMENT®|BONE VOID FILLER remodeling into bone, with degradation and resorption of the bone graft substitute in sync with generation of new bone.
- 4 months Post-op: On-going remodeling process of CERAMENT®|BONE VOID FILLER.
- 7 months Post-op: CERAMENT®|BONE VOID FILLER can no longer be distinguished anymore. The void is now almost completely filled with new trabeculated bone.
- 1 year Post-op: The void is now filled with new trabeculated bone.