Case Report: Management of infected double foot arthrodesis with CERAMENT™G - 5 months follow up

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PATIENT
64 year old male

DIAGNOSIS
- Patient had pes planus (flat foot), treated by arthrodesis of the talonavicular joint and subtalar joint. Some redness and swelling was initially noted but this settled without therapeutic intervention.
- Three months later, infection with Staph aureus was confirmed and a CT scan showed arthrodesis, but with significant osteolysis present around the metalwork (Figs. 1 & 2).

TREATMENT
- All metalwork was removed, a thorough débridement was carried out and three Septopal® chains (containing gentamicin) were inserted in the first part of a two-stage procedure. The patient was given systematic cefazolin.
- During outpatient follow up the patient had clear wound secretion and primary healing of the wound with negative pressure wound therapy. 5 weeks post-operatively, the wound had completely healed and the patient had normalized inflammatory markers.
- During the second stage, the Septopal® chains were removed, another débridement was carried out and the remaining defects filled with 10mL of CERAMENT™G (Fig. 3).

OUTCOME
- The patient had white wound drainage post-operatively but the wound healed with negative pressure wound therapy, and the patient was allowed to partially weight bear using a walker.
- After 6 weeks, the patient was fully weight bearing.
- 5 months post-operatively, bone remodeling can be seen on the X-rays where CERAMENT™G was injected (Figs. 4 & 5), and the patient is pain and infection-free, with a complete return to normal activity and footwear (Figs. 6 & 7).

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.