

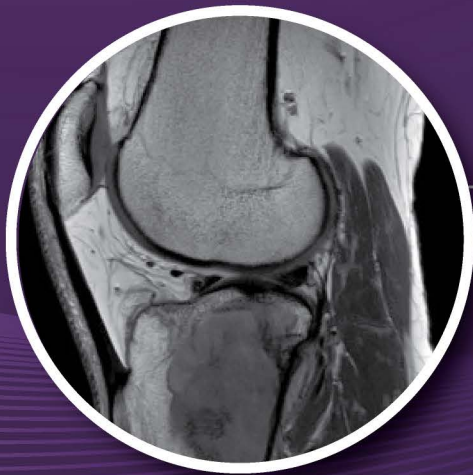
CERAMENT® G

with Gentamicin

CASE REPORT

Treatment of a Low Grade Malignant Tumor in a Proximal Tibia with Autologous Bone and CERAMENT G

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CERAMENT® G with Gentamicin

Treatment of a Low Grade Malignant Tumor in a Proximal Tibia

PATIENT

50 year old
sporty patient with a history of 6 month knee pain; the radiological diagnostic showed a metaphyseal, epiphyseal osteolytic lesion at the proximal lateral tibia (Figs. 1, 2).

DIAGNOSIS

A biopsy was carried out and the patient was diagnosed with a giant cell tumor (GCT) in the proximal left tibia, so surgical treatment was planned accordingly (Figs. 1, 2).



Figure 1.

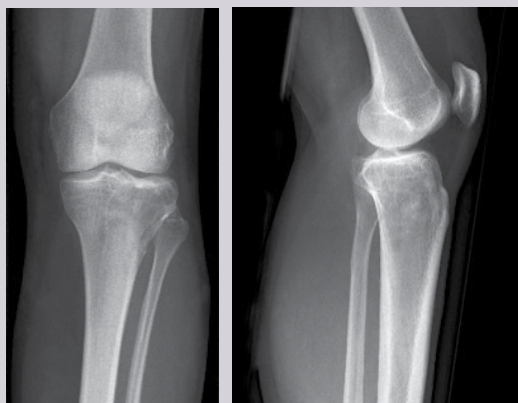


Figure 2.

TREATMENT

Curettage of the tumor, followed by filling with CERAMENT G and autologous bone (Fig. 3).

During histological analysis of the samples sent after surgery, the diagnosis was changed to a low grade osteosarcoma.

OUTCOME

At 6 weeks the start of bone remodeling can be seen (Fig. 4) throughout CERAMENT on an X-ray. At 3 months a 'puddle' sign is visible (Fig. 5), and this radiological appearance continues at 6 (Fig. 6) and 9 months (Fig. 7).

At 1 year, an MRI shows that although the proximal part of the void originally filled with CERAMENT appears to be empty on X-ray, it does in fact contain some dark areas that indicate remodeling (Fig. 8).

An X-ray at 1.5 years shows continued remodeling of CERAMENT into new bone (Fig. 9).

The patient is clinically well and returned to sports (tennis) 6 months after the operation.

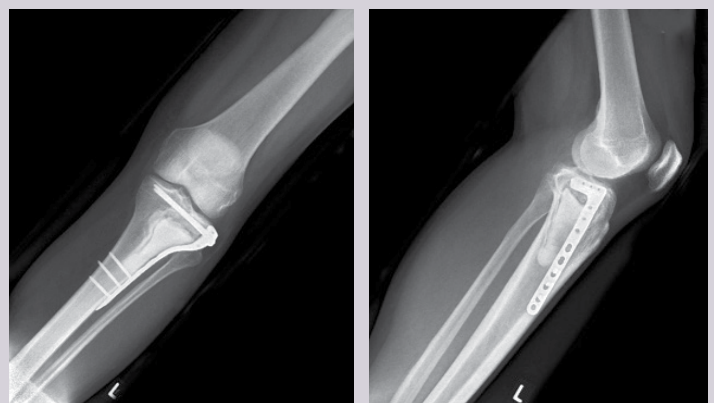


Figure 3.

CERAMENT® G with Gentamicin

Treatment of a Low Grade Malignant Tumor
in a Proximal Tibia



Figure 4.



Figure 5.



Figure 6.

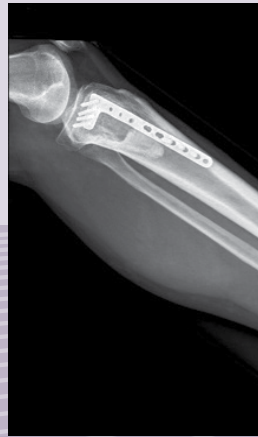


Figure 7.

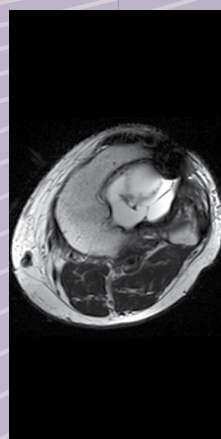
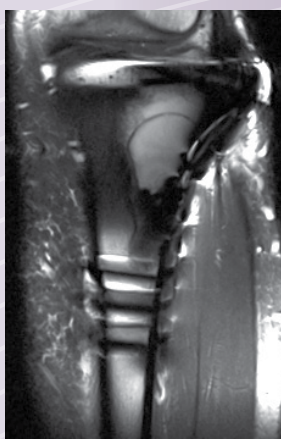
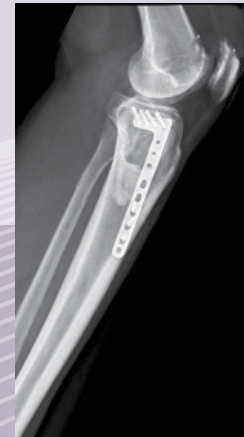


Figure 8.

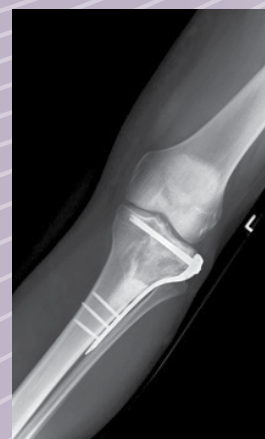


Figure 9.



Our Mission is restoring health to improve the quality of life for patients with bone disorders.

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