

RIGHT HIP AVN



PATIENT AND DIAGNOSIS

A 33 year old with the diagnosis of AVN of the right femoral head secondary to chronic steroids (Fig. 1). MRI showed no sign of collapse.

TREATMENT

- Using C-arm imaging, core decompression is performed. A K-wire was manually introduced using the same drill hole. Using the K-wire as a guide, the tip extender from the CERAMENT device was introduced into the hole (Fig. 2). The K-wire was then removed and the CERAMENT injection device was attached to the tip extender.
- Under radiographic monitoring, 5 cc of CERAMENT BONE VOID FILLER was injected from the medial to lateral and from proximal to distal, beginning in the subcholdral region. The device was slowly pulled out while injecting product. Radiograph was assessed for correct filling. Using CERAMENT reduced operating time by 40 minutes.

OUTCOME

- Clinically the patient did very well. At 3 months post-op, the CERAMENT BONE VOID FILLER is no longer evident and there is complete resolution of AVN (Fig. 3).
- At 6 months post-op, the drilling area is nearly undetectable and there was no progression of disease (Figs. 4, 5).
- Patient was able to immediately weight bear with crutches. Operative and recovery time were significantly improved with CERAMENT.

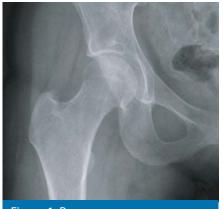


Figure 1. Pre-op.





Figure 3. 3 months post-op.







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