

CERAMENT® G

with Gentamicin

CASE REPORT

Medical Education Series

Osteomyelitis

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OSTEOMYELITIS

PATIENT HISTORY

A 53-year-old male with history of neuropathy as well as severe rheumatoid arthritis on multiple Disease-modifying antirheumatic drugs (DMARDs). Patient presented with superficial infection in May 2023 after CT confirmed successful ankle fusion.

DIAGNOSIS

Osteomyelitis after ankle fusion.

TREATMENT

- Irrigation and debridment of lateral wound
- Removal of IM nail, debridment of intermedullary channel and filling of resulting bone void with CERAMENT G

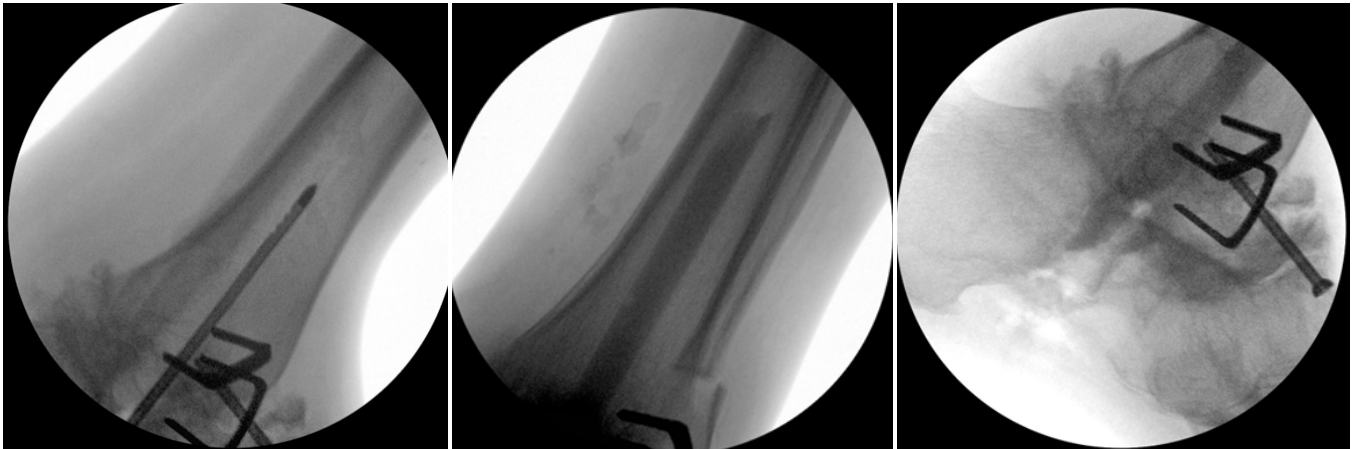
CULTURE

Intramedullary cultures positive for MRSA (Methicillin-resistant Staph. aureus).

OUTCOME

Chronic lateral draining wound had healed, the patient's infection labs were normal and was off antibiotics doing extremely well with this limb salvage procedure. Will provide updated information as follow up visits continue.





Intra-op: Removal of TTC nail with intramedullary placement of CERAMENT G.



Post Operative: 6-week post op. no signs of recurrence of infections, and early bone remodeling can be seen.

Advancing Osteomyelitis Management

- Bone remodeling to promote and protect bone healing
- Local antibiotic elution that is safe, consistent and clinically significant¹



¹ Stravinskas et al. 'Pharmacokinetics of gentamicin eluted from a regenerating bone graft substitute - In vitro and clinical release studies'. Bone Joint Res. 2016; 5:427-435

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