

**CERAMENT® G**  
with Gentamicin

**CASE REPORT**

Medical Education Series

# Fracture Related Infection and Delayed Union in a Distal Tibia

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 **BONESUPPORT™**



# CERAMENT G

with Gentamicin

## Fracture Related Infection and Delayed Union in a Distal Tibia

### DIAGNOSIS

77 year old with hypertension & hypothyroidism

Following a distal tibia & fibula fracture (Fig. 1), treated by plating (Fig. 2), the patient returned to hospital with wound dehiscence. Migration of the distal-most screw of the fibula plate was visible on X-ray (Fig. 3), so the fibula plate was removed (Fig. 4). Staph. aureus & Staph. Epidermidis were identified, & the patient was treated with IV flucloxacillin, oral co-trimoxazole & oral clindamycin.

4 months later, the tibial plate broke, with incomplete fracture healing & malalignment of the distal tibia evident on X-ray (Fig. 5).

### TREATMENT

Resection of the pseudoarthrosis, fibular osteotomy, limb realignment and re-plating using a medial plate osteosynthesis (ALPS). CERAMENT G was injected in the resulting bone defect of the tibia to address the locally reduced bone stock and protect bone healing (Fig. 6).

Sampling was undertaken during surgery, and 2 of 3 samples revealed Cutibacterium acnes. Antibiotic therapy was started: penicillin G i.v. for 5 days and oral rifampicin and amoxicillin for 6 weeks.

### OUTCOME

One year later, the patient is infection-free, weight bearing without pain and the X-ray demonstrates good bone remodeling with a well-aligned limb (Fig. 7)



Fig. 1



Fig. 2

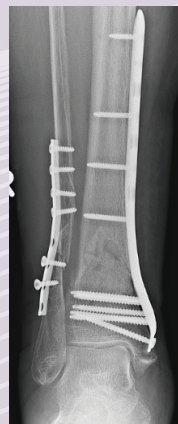


Fig. 3



Fig. 4

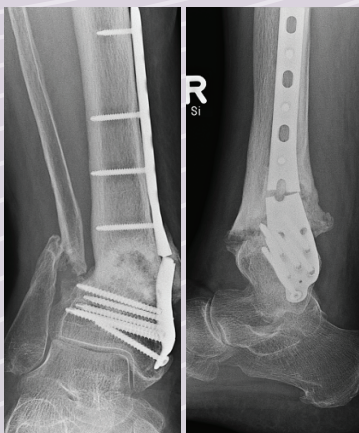


Fig. 5



Fig. 6



Fig. 7