

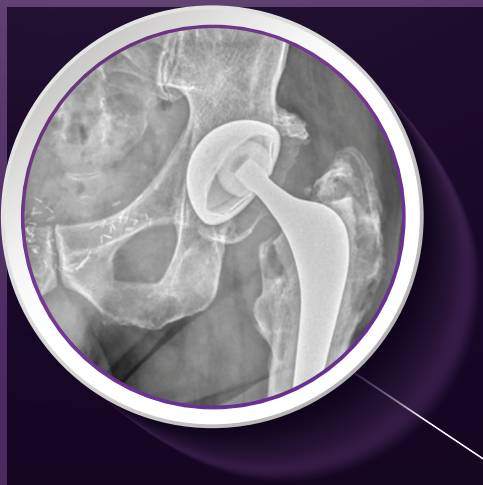
CERAMENT[®] G
with Gentamicin

CASE REPORT

Medical Education Series

A Two Stage Infected Revision Hip

MR. EDWARD GARDNER
United Kingdom



DIAGNOSIS

73 year old

4 years after a primary THR, the patient presented with hip pain, swelling and fever. An MRI scan revealed a large collection of fluid anterior to the femoral component, and bone loss of the greater trochanter (Fig.1). A two-stage revision was carried out.

TREATMENT

During the first stage, all implants were removed, a thorough debridement was performed and a cement spacer with Vancomycin and Gentamicin was implanted (Fig.2). The patient was given ceftriaxone IV and rifampicin orally for 6 weeks, followed by Moxifloxacin and rifampicin orally for a further six weeks. Samples confirmed *Staphylococcus lugdunensis* infection.

4 months later in the second stage, a distal loading modular uncemented prosthesis and uncemented cup were implanted.

A bone defect in the greater trochanter was treated by filling with 10mL CERAMENT® G and a circlage wire drilled through the lesser trochanter (Fig.3).

OUTCOME

Follow up X-rays at 1, 3 and 10 months (Fig.4) post-operatively showed radiological evidence of new bone within the greater trochanter defect, with the patient having restored clinical function and no signs of infection.

Figure 1
Pre-operative X-rays showing osteolysis around the proximal cement mantle and greater trochanter.

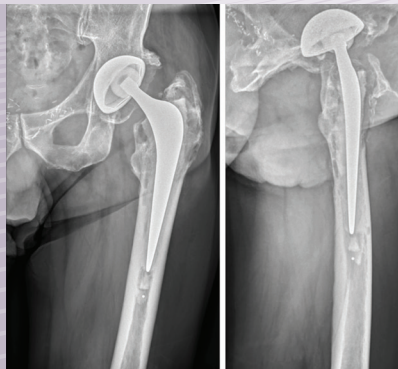


Figure 2
X-ray showing placement of the cement spacer during the first stage of the revision.

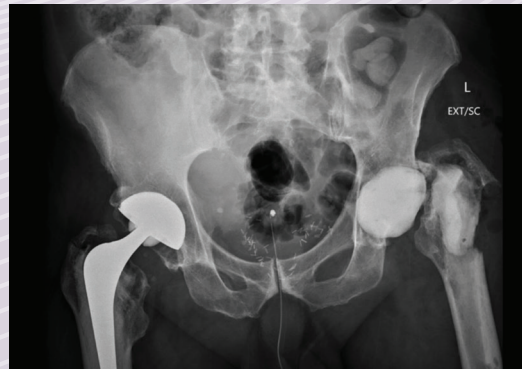


Figure 3
X-ray showing CERAMENT® G filling the bone defect around the greater trochanter (indicated by the red arrows) during the second stage of the revision.

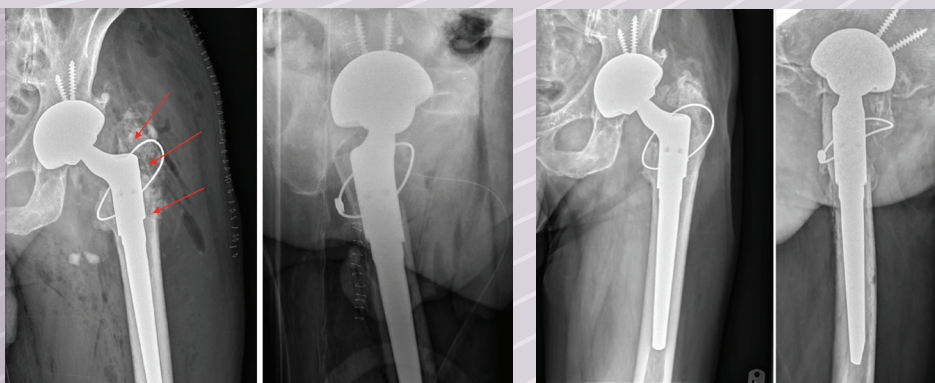


Figure 4
10 months post-operative X-rays showing bone remodelling around the greater trochanter.