

**CERAMENT® G**  
with Gentamicin

**CASE REPORT**

Medical Education Series

# Treatment Of Extensive Chronic Femoral Osteomyelitis

**12 MONTHS FOLLOW-UP**

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### DIAGNOSIS

41 year old

Chronic osteomyelitis of the left femur for 22 years with multiple previous surgeries and hospitalizations (Fig.1).

### TREATMENT

Femur cleaned, condyles extensively debrided, and the condyles and proximal femur filled with CERAMENT® G (30cc and 20cc, respectively, Fig. 3) by first injecting CERAMENT® G in a backfilling technique and then forming a CERAMENT® G plug to press onto the opening of the cavity.

Two layers of TachoSil® were put on top of the CERAMENT® G and the rectus femoris muscle placed onto the full length of the debrided medullary canal and the flap closed (Fig. 2).

Drain tubes placed and the wound closed in layers.

### OUTCOME

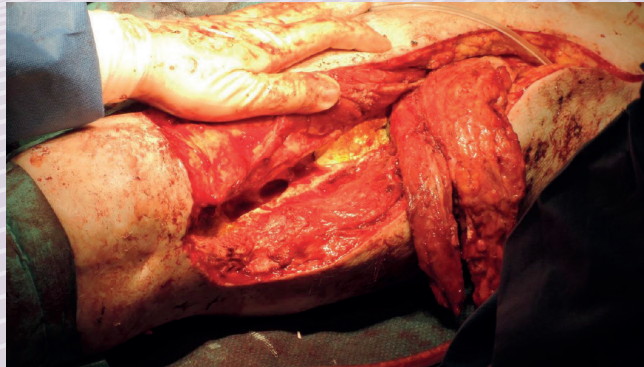
No complications observed in follow-up period.

12 months post-operatively there are no signs of recurrent infection, and the patient is very satisfied.

X-ray shows inhomogeneous trabecular bone and irregular cortical lining in the femur.

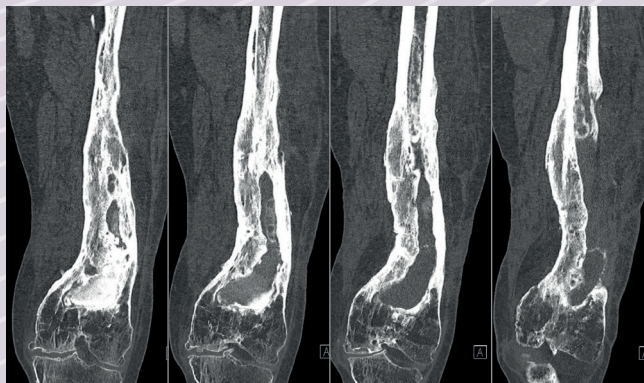
CT shows part of the CERAMENT® G implanted in the condyles has been resorbed, and new bone lines the cavity. Partly remodeled/resorbed CERAMENT® G is visible in the proximal part of the femur (Fig. 4).

**Figure 1**  
Pre-operative X-ray.



**Figure 2**  
Intra-operative.

**Figure 3**  
Immediately post-operative X-rays showing location of CERAMENT® G.



**Figure 4**  
12-month post-operative CT scans. Bone remodeling can be seen in the proximal femur and the condyles.