

Medical Education Series

OCD Lesion of the Talus

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CERAMENT[®]

BONE VOID FILLER

OCD Lesion of the Talus

PATIENT HISTORY

A 74 year old male presented having pain for 18 months and the following co-morbidities: Diabetes Mellitus, Hypertension, HA1c 6.6.

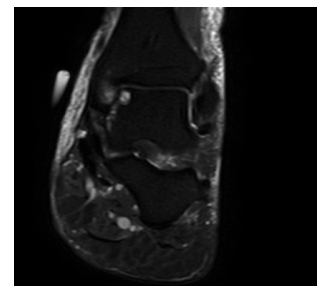
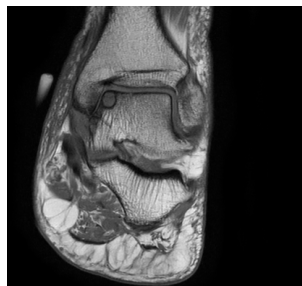
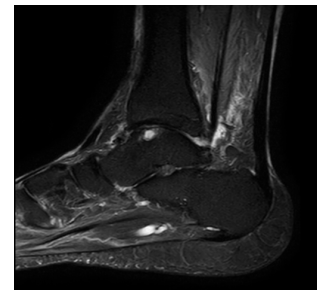
DIAGNOSIS

Osteochondral lesion of the talus.



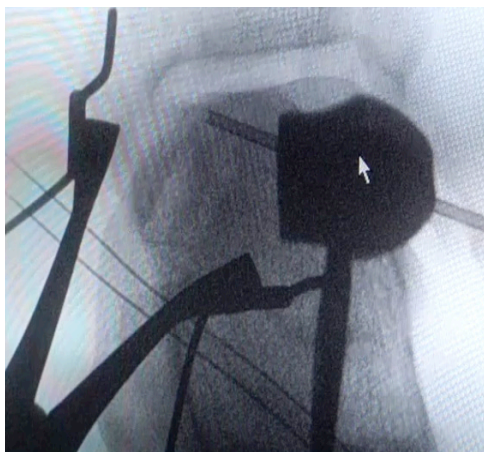
TREATMENT PLAN

- Ankle arthroscopy with two standard anterior portals.
- Damaged cartilage removed with a curette.
- Arthroscopy left in the medial portal to visualize the medial shoulder of the talus.
- The canula was inserted from the sinus tarsi area aimed toward the medial shoulder.
- The tip of the canula was precisely placed in the cyst in the medial shoulder using fluoroscopy in multiple views.
- 1mL of CERAMENT was injected until it became visible in ankle joint under the arthroscope.

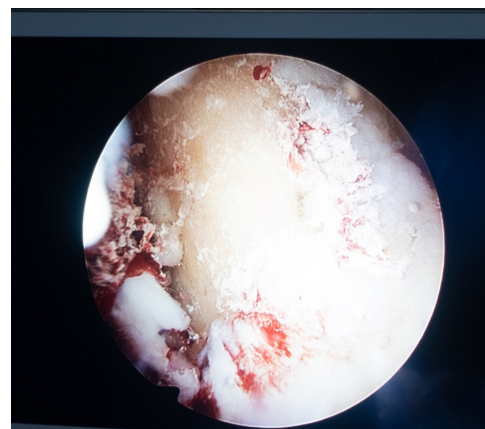




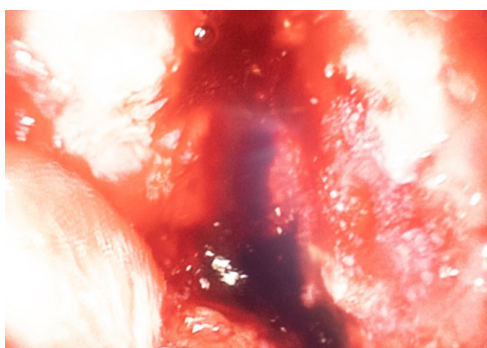
Intra-Op: 1mL of CERAMENT was injected



Intra-Op



Intra-Op: Image shows CERAMENT sealing the "cracks". Joint fluid cannot enter the bone anymore.



Intra-Op: Bare talar subchondral bone plate was covered by cartilage replacement (Cartimax, ConMed) with a dry scope technique



Immediate Post-Op



Immediate Post-Op



7 Week Post Op



OUTCOME

After 4 weeks the patient was allowed to partially weight bear in the CAM walker.

At 7 weeks post-op, the patient no longer had pain and was weightbearing and beginning to wear regular shoe gear.



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