

Medical Education Series

# Unicameral Bone Cyst

Alexandra Callan, MD

**PEDIATRIC CASE**



# CERAMENT<sup>®</sup>

## BONE VOID FILLER

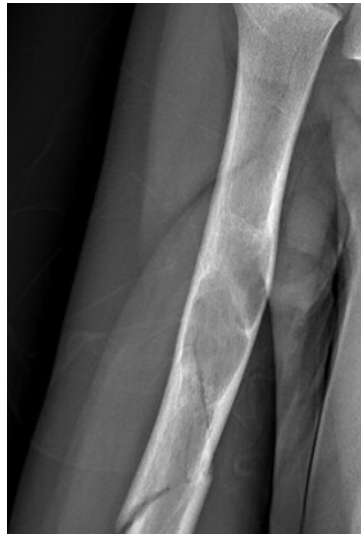
### Unicameral Bone Cyst

#### DIAGNOSIS

13-year-old baseball pitcher with a recurrent unicameral bone cyst (UBC) and a history of pathologic fractures.



8 Years Old: Pathologic fracture through a UBC



12 Years Old: Spiral fracture through a progressive bone cyst



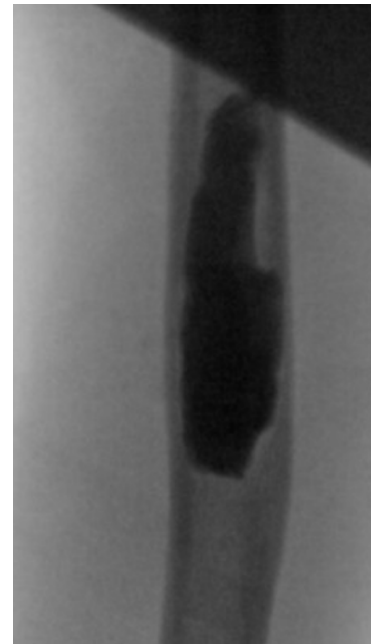
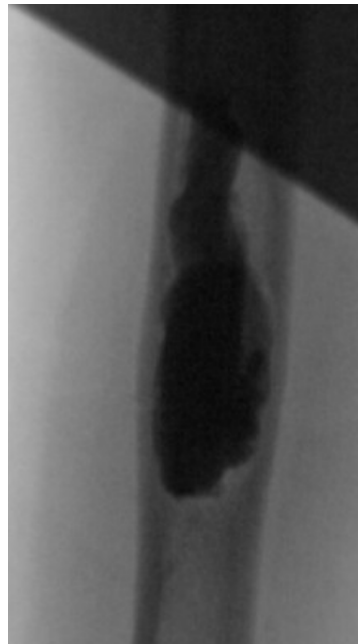
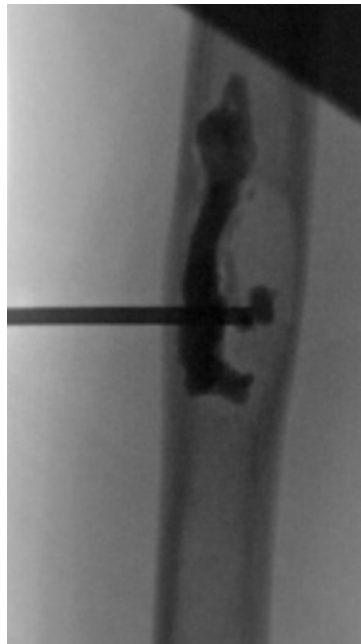
12.5 Years Old: Healed fracture and released for full competitive sports



13 Years Old: Presents with recurrent bone cyst and intense pain while pitching

#### TREATMENT PLAN

1. 5mm incision
2. 2.7mm drill bit to enter the cortex
3. Enter with 11ga Jamshidi
4. Aspirate and send to cytology
5. Curettage
6. Irrigate with normal saline followed by a 3-minute hydrogen peroxide soak. Irrigate again with saline.
7. Check cyst fill with 50% diluted Omnipaque
8. Fill with CERAMENT<sup>\*</sup>  
\*BONESUPPORT recommends using a second ventilation cannula.



Intra-Op: 10mL of CERAMENT BONE VOID FILLER is injected through a minimally invasive window

## OUTCOME

13 year old UBC - Full Recovery

- At 4 weeks post-op, significant resorption of CERAMENT can be seen at the proximal aspect of the cyst.
- By 10 weeks post-op the CERAMENT has almost fully resorbed and the cyst is beginning to fill with trabecular bone.
- The patient is fully back to fast-pitch baseball by 6 months post-op.
- After 1 year the CERAMENT has fully remodeled to bone and there is no evidence of recurrence.



“CERAMENT is currently my favorite bone graft substitute because of its usability, injectability, lack of post-operative wound complications, and bone assist healing.”



4 Weeks Follow-Up



10 Weeks Follow-Up



6 Months Follow-Up



1 Year Follow-Up



BONESUPPORT, INC.,  
60 William St, Suite 330  
Wellesley, MA 02481

T: 1.877.719.6718  
E: [us.sales@bonesupport.com](mailto:us.sales@bonesupport.com)  
W: [bonesupport.com](http://bonesupport.com)