

# CERAMENT<sup>®</sup> V

with Vancomycin

CASE REPORT

## Arthrodesis Supplemented by CERAMENT V as a Salvage Procedure in FRI with Destruction of the Tarsometatarsal Joints

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# CERAMENT<sup>®</sup> V with Vancomycin

ARTHRODESIS SUPPLEMENTED BY CERAMENT V  
AS A SALVAGE PROCEDURE IN FRI

## DIAGNOSIS

A 76 year old women self-presented herself to the outpatient clinic, nine months after surgery. X-ray and CT scans showed a chronic tarsometatarsal joint dislocation including complete joint destruction, complicated by chronic infection. The infection was clinically manifested by a draining sinus, pus, redness and swelling.

## TREATMENT

- The remaining Kirschner wires were removed, and extensive bone and cartilage debridement was performed followed by open reduction of the tarsometatarsal joint fragments.
- A complete arthrodesis of the tarsometatarsal joints was performed with a medial column plate (Arthrex, Inc., Naples, FL, USA) and laterally with a 3.0mm Titanium X-plate (Arthrex, Inc.); and an additional 4.0mm cannulated lag screw (DePuy Synthes, Inc., West Chester, PA, USA). For fixation of metatarsal III, two 4.0mm cannulated lag screws (DePuy Synthes, Inc.) were used (Figure 1).
- The Lisfranc joint row was filled with 6ml of CERAMENT V, and primary wound closure was performed (Figure 2).
- Intraoperative microbiological samples did not grow any organisms, and histology showed an inflammatory reaction. The patient was intravenously administered Clindamycin 600mg three times a day for two weeks in our in-patient clinic, followed by two weeks of oral administration of Clindamycin after hospital discharge.

## OUTCOME

- Surgery was uneventful and the early postoperative course was without adverse events, no impaired wound healing or white wound drainage occurred and there were no signs of re-infection.
- With the help of a forefoot offloading shoe, the patient was mobilized to full weight-bearing on crutches after the second postoperative day.
- Radiographs at 3.5 months showed progressing consolidation of the arthrodesis (Figure 3).
- The patient did not report any complications and showed no signs of wound healing problems or inflammation.
- At final follow-up, 11 months after the arthrodesis, the patient was mobile on forearm crutches and was able to climb stairs. She reported slight foot pain but no hypersensitivity. The soft tissue envelope had completely healed, laboratory infection parameters were within physiological range and the patient was infection-free. No adverse events had occurred during the follow-up period. CT scans showed complete osseous consolidation of the arthrodesis in all views (Figure 4: sagittal view, various layers; Figure 5: axial view, various layers; and Figure 6: coronal view, various layers).



Figure 1.



Figure 2.



Figure 3.

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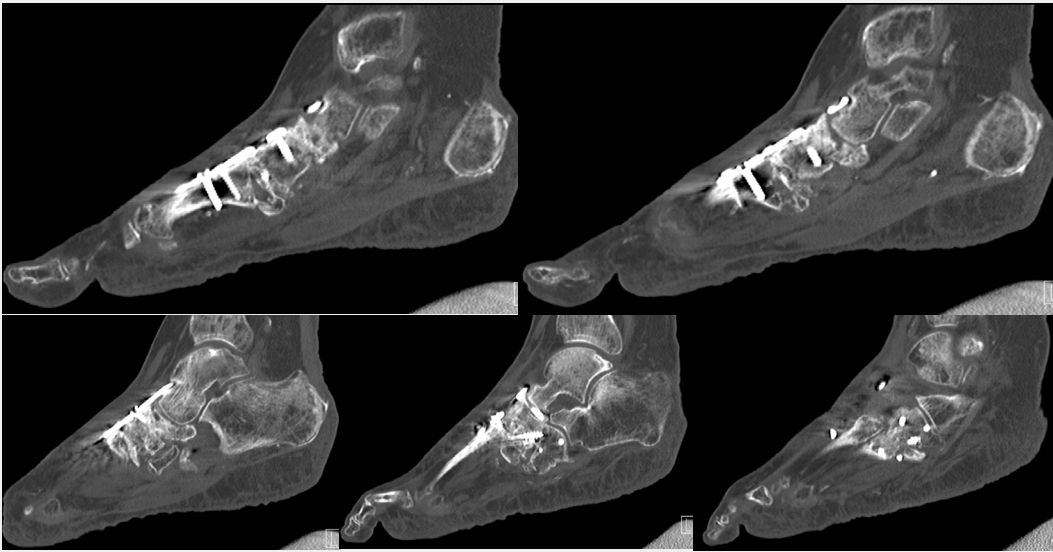


Figure 4.

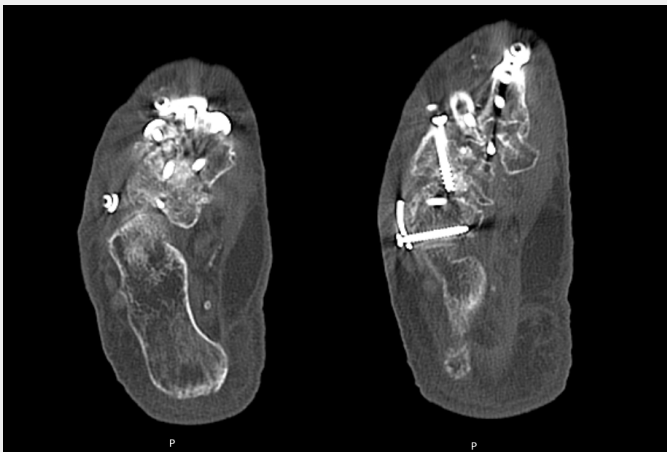


Figure 5.

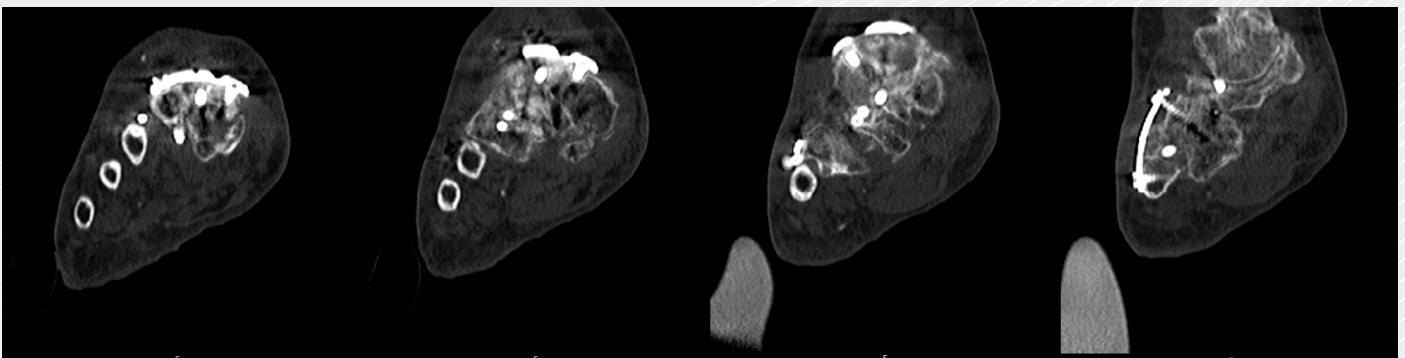


Figure 6.



Our Mission is restoring health to improve the quality of life for patients with bone disorders.

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