

CERAMENT® G

with Gentamicin

CASE REPORT

Medical Education Series

Chronic Osteomyelitis

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CHRONIC OSTEOMYELITIS

PATIENT HISTORY

74-year-old male with CHF, COPD and Type 2 diabetes. Patient had a remote history of a fracture over 30 years ago that was managed with an intramedullary pin in his fibula. Since the time of injury, the patient has had issues with a non-healing wound over the medial ankle that has progressed over the past year.

DIAGNOSIS

Chronic osteomyelitis of the distal tibia with areas of osteolysis, erosion and periosteal reaction.

TREATMENT

Aggressive debridement of soft tissue and involved bone. Nonviable and infected appearing bone was excised until there was healthy vascularized cancellous bone throughout the resulting void. Void was then filled with CERAMENT® G. Four days later patient returned to OR to cover the wound with a rotational fasciocutaneous flap.

CULTURE

Pre-op: Streptococcus dysgalactiae, Pseudomonas aeruginosa and Enterococcus faecalis, along with multiple enteric gram-negative rods.

Intra-op: Pseudomonas aeruginosa, Enterococcus faecalis, Morganella morganii, Klebsiella oxytoca, Providencia stuartii, Proteus mirabilis and Finegoldia magna.

SYSTEMIC ABX

Patient was discharged on IV meropenem in addition to ampicillin for 4 weeks.

OUTCOME

At 3 1/2 months post-operatively, the patient had a well healed flap and radiographs showing remodeling of CEREMENT® G within the bone defect without further erosion or periosteal reaction. Patient was ambulating without pain and his inflammatory markers normalized while off the antibiotics for approximately 2 months (WBC 7, CRP 0.42, ESR 26).



Fig 1. Patient had progression of a non-healing wound over the medial ankle.



Fig. 2. Pre-op: Visible areas of osteolysis, erosion and periosteal reaction consistent with chronic osteomyelitis.

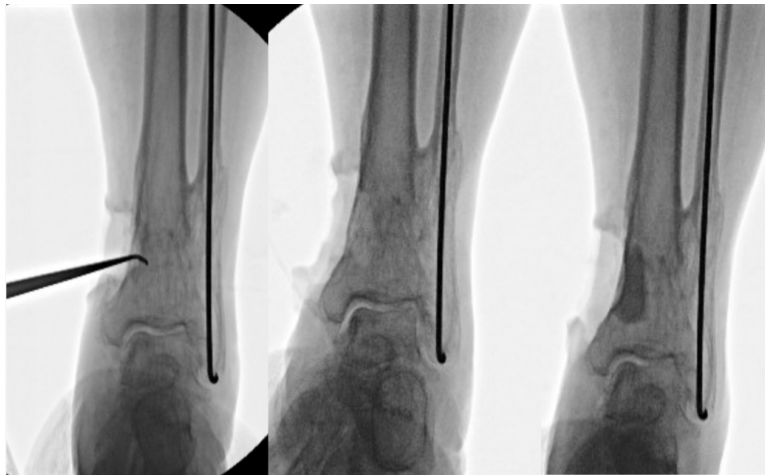


Fig. 3. Intra-op: Resulting bone void was filled with CERAMENT G.



Fig. 4. Intra-op: Resulting bone void was filled with CERAMENT G.



Fig. 5. Post-op: Patient had well healed flap.



Fig. 6. Post-op: Radiographs showing the remodeling of CERAMENT® G within bone void without further erosion or periosteal reaction.

Advancing Osteomyelitis Management

- Bone remodeling to protect and promote bone healing
- Local antibiotic elution that is safe, consistent and clinically significant¹



¹ Stravinskas et al. 'Pharmacokinetics of gentamicin eluted from a regenerating bone graft substitute - In vitro and clinical release studies'. Bone Joint Res. 2016; 5:427-435

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