

CASE REPORT

Medical Education Series

Fracture Related Infection - Tri-malleolar Fracture

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Fracture Related Infection - Tri-malleolar Fracture

PATIENT HISTORY

A 70 year old male with a medical history of hypertension, presented 7 weeks post-operatively. He had an arthroscopy assisted, open reduction and internal fixation of his trimalleolar fracture with syndesmotic stabilisation. He reported increasing tenderness to the medial ankle, along with erythema and warmth over the previous week. The absence of signs of radiographic healing was observed with respect to the medial malleolus. Elevated WBC count and elevated inflammatory markers including ESR and CRP. No documented systemic signs and symptoms of sepsis.

DIAGNOSIS

Fracture related infection of the medial malleolus.

TREATMENT

Formal incision and drainage, hardware removal, debridement of the former fracture site and any non-viable bone, cultures, pathological specimen (s), and subsequent fixation. Bone void from hardware removal backfilled with CERAMENT G prior to insertion of an absorbable bio-composite screw for fixation.

HARDWARE

Ossio 4.0 Headless Bio-integrative Compression Screw.

CULTURE

Multi-organisms, including MRSA (Methicillin-resistant Staph. aureus).

SYSTEMIC ANTIBIOTICS

Daptomycin 600mg IV for 6 weeks and Flagyl 500mg and Diflucan 200mg for 1 week.

OUTCOME

Medial malleolar union at 8 weeks postoperative, without recurrent infection. Painless weightbearing in an ankle brace recorded during formal physical therapy. WBC count and inflammatory markers including ESR and CRP are baseline.







Advancing Osteomyelitis Management

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

STATE OF THE STATE

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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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