In our experience the use of autologous bone graft in open reduction and internal fixation (ORIF) of displaced intra-articular calcaneal fractures (DIACFs), is beneficial in achieving reduction of the posterior facet and maintaining calcaneal height.

Some authors have reported that filling of calcaneal bone defects is not necessary. However, we have observed previous cases with significant bone defects after reduction of the fracture only with open reduction and internal fixation (ORIF) with locking compressing plates (LCP) that have had reduced calcaneal height of the posterior facet and reduction of Böhler’s angle when full weight bearing was allowed at three months.

We report here the use of CERAMENT™|BONE VOID FILLER to augment the open reduction and internal fixation (ORIF) in a 54 year old female with displaced intra-articular calcaneal fracture (DIACF) with significant bone defects.

The stability of the fracture allowed gradual weight bearing up to three months when full weight bearing was allowed and maintaining reduction of calcaneal height during this time. In this patient, we decided to remove the plate after the fourth month due to discomfort of the surgical wound with no signs of infection.

At seven months follow up the patient demonstrated a good result with a score of 87/100 points on the Maryland Foot Score Clinical Evaluation.

CERAMENT™|BONE VOID FILLER (as with allograft bone transplantation) is an option for management of DIACFs as an adjunct to internal fixation for the reconstruction of large bone defects.
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