CASE STUDY  CERAMENT™|BONE VOID FILLER

Limb salvage of a Diabetic Charcot Arthropathy with Osteomyelitis using CERAMENT™|BONE VOID FILLER, a bi-phasic ceramic

This case is a 57-year-old male who presented with a diabetic long standing mid-foot ulcer. The ulceration was secondary to a neuropathic charcot deformity with instability noted at both the ankle and mid-foot. Bone was exposed and a subsequent diagnosis of osteomyelitis via bone biopsy was made. Application of an external fixator for stabilization, bone debridement followed by intravenous antibiotics and local wound care were performed.

Approximately at six weeks the wound was resolved and the current challenge was the instability of the ankle and mid-foot to prevent recurrence.

The reconstruction was divided into two separate surgical stages. The first stage consisted of a complete talectomy and application of an intramedullary retrograde nail. The talus bone void was replaced with a combination of allogenic bone and autologous blood. However the challenge was a lack structural cancellous support within the void and residual gaps. This led to the utilization of CERAMENT™|BONE VOID FILLER to solve this problem.

Following adequate stabilization of the ankle, the second stage of the reconstruction was performed eight weeks later for stabilization of the mid-foot. The second stage consisted of bone resection and arthrodesis via locking plate. The resected bone void was back filled as before with the allogenic bone, autologous blood composite. To enhance cancellous bone integrity and fill in any residual gaps CERAMENT™|BONE VOID FILLER was utilized.

Postoperatively for each reconstruction the patient was immobilized in a below the knee cast for two months. At four months from the second reconstruction (mid-foot) the patient is full weight bearing. At six months the bone appears to be fully incorporated and mature.

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| Patient | 57 year old male |
| Diagnosis | Neuropathic charcot deformity | Secondary mid-foot ulcer | Osteomyelitis |
| Treatment | Complete talectomy and application of an intramedullary retrograde nail | Bone resection, arthrodesis via locking plate | To enhance bone integrity and fill in any residual gaps |
| Outcome | At six months the bone appears to be fully incorporated and mature |

See next page for photos and X-rays.
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