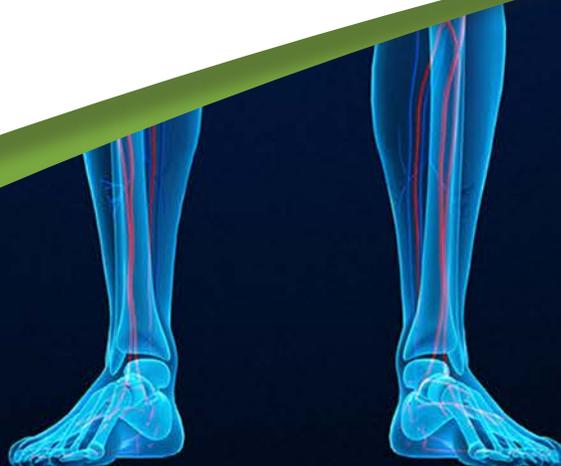




Case Report

Left Hip AVN with
CERAMENT™ | BONE VOID FILLER:
2 week follow-up

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PATIENT

41-year-old female

DIAGNOSIS

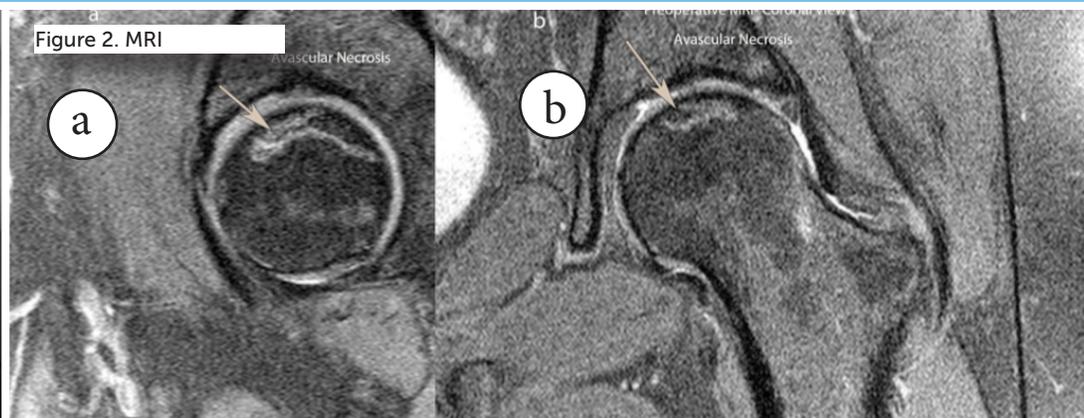
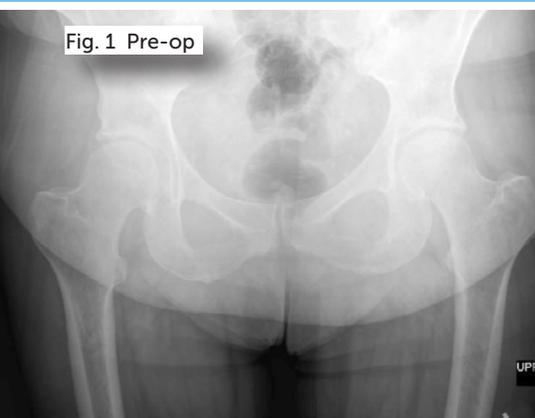
- Left AVN of femoral head (Grade II Ficat) secondary to chronic steroids (Fig. 1)
- MRI shows AVN of the left femoral head with no signs of collapse. Location is typical anterosuperior (Fig. 2a).
- Coronal view showing avascular necrosis in the superior aspect of the femoral head (Fig. 2b).

TREATMENT

- Using C-arm imaging core decompression was performed. A K-wire was manually introduced using the same drill hole. Using the K-wire as a guide, the tip extender from the CERAMENT™ device was introduced into the hole. The K-wire was then removed and the CERAMENT™ injection device was attached to the tip extender.
- Under radiographic monitoring, CERAMENT™|BONE VOID FILLER was injected from the medial to lateral and from proximal to distal, beginning in the subchondral region. The device was slowly pulled out while injecting product. Radiograph was assessed for correct filling.
- 5cc of CERAMENT™|BONE VOID FILLER was injected.

OUTCOME

- Clinically the patient did very well. At 2 weeks postoperative, CERAMENT™|BONE VOID FILLER is evident and visible filling the hole drilled to access the AVN area during decompression (Fig. 3).
- Using CERAMENT™|BONE VOID FILLER reduced operating time to 40 minutes and allowed patient immediate weight bearing with crutches.
- Recovery and operative time were significantly improved.



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OUR MISSION is to improve the lives of patients suffering from bone disorders that cause bone voids, lead to injury, breakage, pain, and reduced quality of life.

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