



CASE STUDY



FOOT
ANKLE

Complex Ankle Fusion for Chronic Ankle Fracture Dislocation

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History

A 70 year old male was presented for treatment of R ankle pain. A bimalleolar fracture was treated elsewhere with failed external fixation. When presented 3 months after the initial injury and treatment, the decision was made by the surgeon to treat with primary tibiotalar fusion.

Surgical Procedure

The external fixator was first removed, and an anterior approach to the ankle was used exploiting the plane between the EHL and anterior tibialis tendon. Osteotomes and a rongeur were used to remove cartilage and expose subchondral bleeding bone. The lateral tibial cavity was filled with Bacterin OsteoSponge® filler. Saline soaked OsteoSponge® and OsteoSelect® DBM Putty were used in the fusion site. An anterior tibiotalar fusion plate provided fixation.

Post-Operative Course

The patient remained non weight bearing for 8 weeks. At 8 weeks he was placed in a walking boot and allowed to WBAT (weight bear as tolerated). He started physical therapy and recovered with minimal pain. At a 6 month follow-up, the patient was fully weight bearing and pain free. He was performing all desired activities.

Discussion/Results/Conclusion

This was a very challenging case, in a very high risk individual, with a concern for healing complications. He also showed compliance issues. Use of Bacterin's OsteoSponge® filler, saline soaked OsteoSponge® and OsteoSelect® DBM Putty filled in the large defects. The application of these products provided stimulation resulting in rapid fusion, which was critical for this patient.

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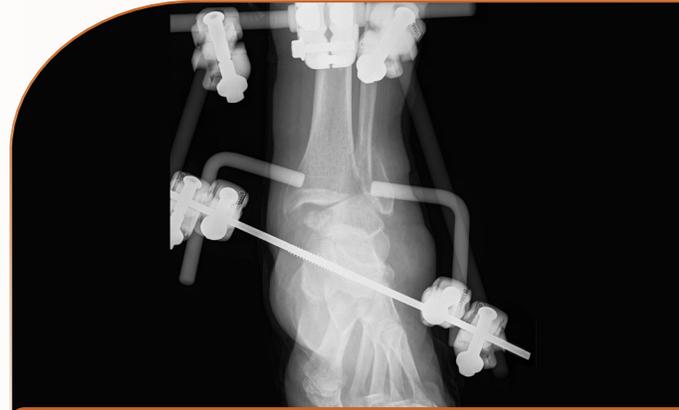


Figure 1
Pre-operative AP radiograph



Figure 2
Inter-operative fluoroscopic views



Figure 3 Post-operative radiographs: demonstrates consolidation of fusion site and incorporation of the bone graft