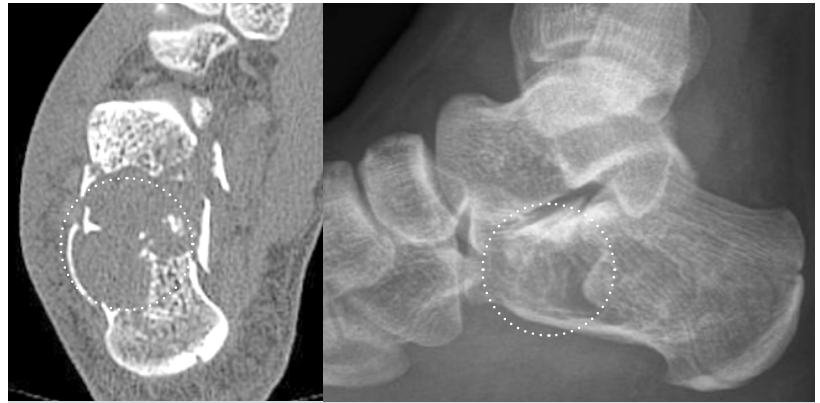


## CLINICAL SCENARIO/ PRE-OPERATIVE IMAGING

Twenty-five year old male presented with an acute comminuted pathologic calcaneal fracture with subtalar joint extension. The patient was sliding down a hill and sustained this low energy mechanism fracture.

CT imaging confirmed the pathologic nature of the fracture given a large underlying calcaneal bone cyst.



**Pre-Op:** Acute calcaneal pathologic fracture

## SURGICAL INTERVENTION WITH HARDWARE FIXATION AND MG OSTEOCRETE

### Treatment:

After surgical approach to the fracture site, the fracture fragments were mobilized and reassembled with lateral plate and screw fixation. In order to promote stabilization, the highly comminuted fracture superimposed on the large cystic void, the void was filled with a resorbable bone cement. The Mg OSTEOCRETE Bone Void Filler was prepared until it reached a liquid/pasty viscosity and then 10cc was injected into the void. Final fixation yielded near anatomic alignment of the calcaneus.



**Immediate Post-Op:** Demonstrates reduced calcaneal fracture with plate and screw fixation + Mg OSTEOCRETE augmentation

### 6-Week Follow Up:

At the 6-week follow up, some initial resorption of the Mg OSTEOCRETE was observed on the x-ray along the periphery of the filled void area. Additionally, the density of the Mg OSTEOCRETE was decreased overall when compared to the immediate post-op x-ray.



**6-Week Follow Up:** Demonstrates some early remodeling

## RESULTS

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### 10-Month Follow Up:

When the patient returned for a 10-month follow up, the x-rays demonstrated progressive remodeling of the graft and complete fracture healing. The cyst area was filled with normal trabecular bone and minimal residual bone void filler. The patient did not suffer any postoperative complications.



**10-Month Follow Up:** Demonstrates fracture healing with almost complete resorption of Mg OSTEOCRETE and resolution of underlying bone cyst



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[www.alliantbiotech.com](http://www.alliantbiotech.com)  
888-307-1144