

MAGNESIUM-BASED BONE SUBSTITUTE

CASE STUDY

Femoral Large Void filled with Mg OSTEOCRETE Bone Substitute

CLINICAL SCENARIO/ PRE-OPERATIVE IMAGING

Patient presented pain with ambulation due to a proximal femoral unicameral bone cyst (UBC). Concern for femoral neck fracture with continued ambulation.



Pre-Op: Proximal Femoral Unicameral Bone Cyst

SURGICAL INTERVENTION

First Surgical Intervention: Demineralized Bone Matrix

Patient was treated with prophylactic ORIF and synthetic grafting with DBM. Post-op six months, there was no graft incorporation and the patient continued to experience ongoing pain, ultimately requiring further treatment.



First Surgical Intervention: 6 Month Post-Op

Second Surgical Intervention: Calcium Phosphate/Sulfate Bone Void Filler

Cyst area was treated with aggressive curettage and filled. At 10-months post-op, filler was resorbing but cortical bone was thin with no presence of structural bone and cyst continued to expand.



Second Surgical Intervention: 10 Month Post-Op

Third Surgical Intervention: Mg OSTEOCRETE

Cyst area was treated with additional curettage and hardware was replaced. The area was injected with 80cc of Mg OSTEOCRETE.



Third Surgical Intervention: Immediate Post-Op



Third Surgical Intervention: 1 Year Post-Op

RESULTS

At one year post-op, the Mg OSTEOCRETE continued to remodel into trabecular bone. Cortical bone was formed and the femoral neck thickness increased. Patient was pain-free and returned to normal activity within six months of treatment.

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