Mg OSTEOCRETE™

Case Study:
Calcaneal Intraosseous Lipoma Excision with
Mg OSTEOCRETE

ALLIANT™ BIOTECH

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A 56-year-old female presented to the clinic with left heel pain that had been persistent for several months. Upon initial radiographic imaging, a well-circumscribed osteolytic lesion was seen in the calcaneus. Clinically, pain could be elicited upon calcaneal squeeze test. Magnetic resonance imaging (MRI) was then obtained demonstrating characteristic findings of a calcaneal intraosseous lipoma. Given risk of a pathologic fracture, it was elected to proceed with surgical intervention.

Fig 1 Radiographic image at initial presentation demonstrating a well-circumscribed osteolytic lesion.

Fig 2 MRI demonstrates a well-defined calcaneal lesion with internal fat signal measuring 2.0 x 1.7 x 1.8 cm. Findings reflective of intraosseous lipoma.

A curvilinear incision was made extending from the lateral aspect of the posterosuperior calcaneus to the lateral aspect of the calcaneocuboid joint under tourniquet. The bone tumor location was identified using intraoperative fluoroscopy. Power instrumentation was used to remove the lateral calcaneal cortex to gain access to the medullary canal with identification of the bone tumor. The bone tumor was removed in total and sent to pathology, which later confirmed the diagnosis of intraosseous lipoma. The defect at the site of the prior tumor was then filled with approximately 8 cc of a combination of Mg OSTEOCRETE and cancellous bone chips. The lateral calcaneal wall was reapproximated and closure was then performed in surgical layers. The patient was instructed to be non-weight bearing to the surgical foot for 6 weeks.

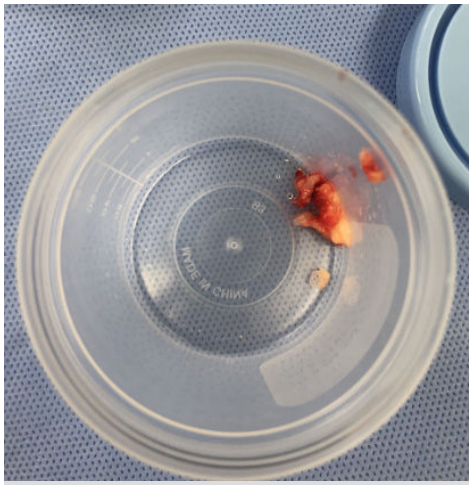

Fig 3 Intraoperative picture of calcaneal intraosseous lipoma contents.

Fig 4 Postoperative radiograph immediately after surgery demonstrating Mg OSTEOCRETE in previous intraosseous lipoma location.

At the 3-month follow-up appointment, radiographic imaging demonstrated residual Mg OSTEOCRETE centrally, with the peripheral border undergoing resorption and bone remodeling. Healing of the calcaneal osteotomy bone window was also present.

Fig 5 3-Month postoperative radiograph showing incomplete incorporation of Mg OSTEOCRETE

At the 6-month follow-up appointment, radiographic imaging showed complete healing of the osteotomy, and progression of Mg OSTEOCRETE incorporation (with an average of 60% resorption) with an increased degree of remodeling peripherally and decreased residual bone graft centrally. The patient was pain-free without complications.

Fig 6 6-Month postoperative radiograph revealed continued Mg OSTEOCRETE incorporation