

Case Overview

- » Post-Traumatic Injury/Deformity
- » Osteopenia
- » Intense Pain at Fusion Site

Pre-Op



Operative Treatment Plan

- » Tibiotalar Fusion using AUGMENT® Bone Graft

Risk Profile

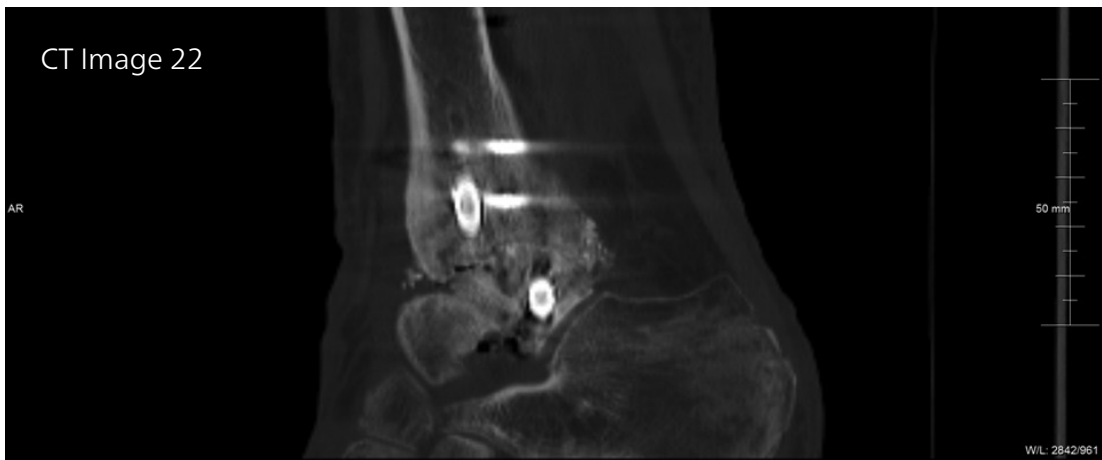
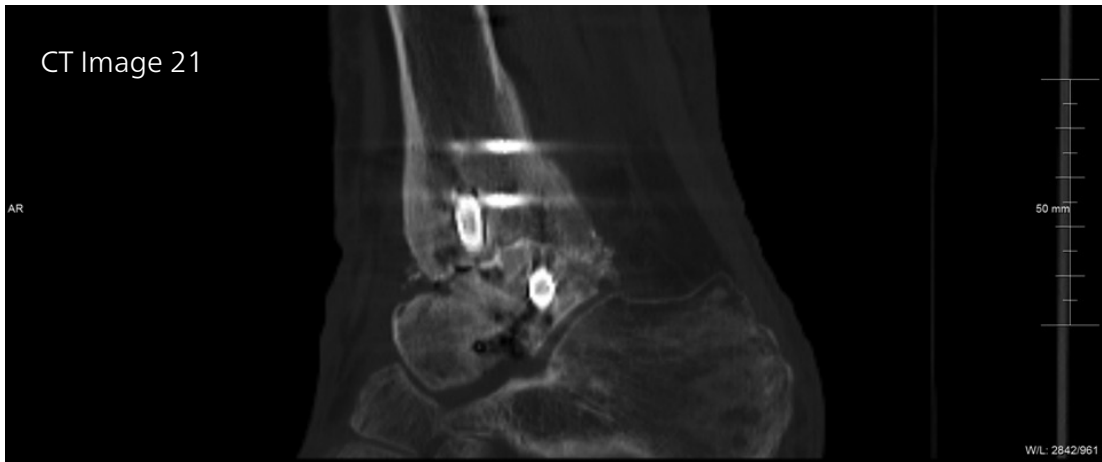
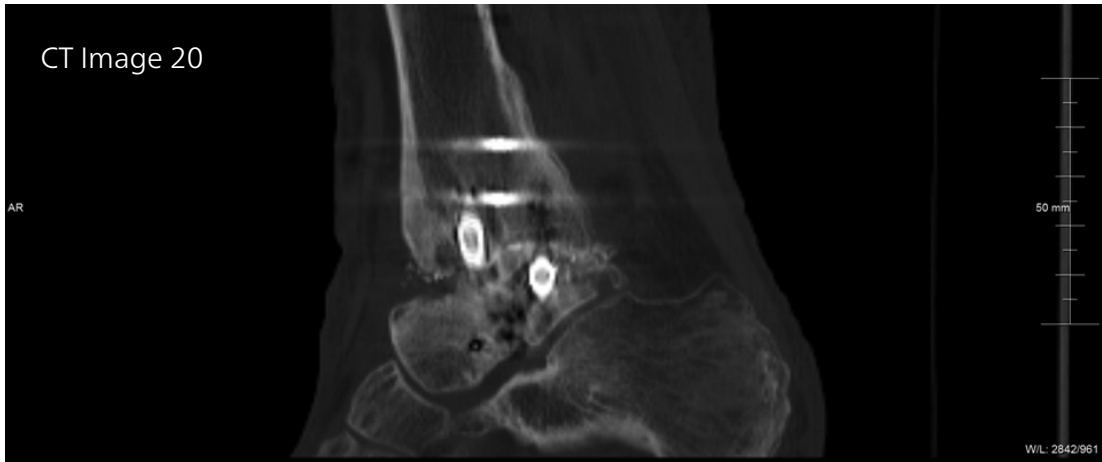
- » Evidence of potential incongruous apposition
- » Radiographic evidence of bone loss
- » Osteoporosis/post-traumatic with subchondral collapse
- » Subchondral cysts
- » Large Surface Areas to be fused
- » Intra-articular deformity
- » Joint malalignment
- » Irregular bony surfaces of joints to be fused
- » Convexity/concavity of the joint
- » Osseous defects from pathology or traumatic injury

CT Scans at 24 Weeks

- » Solid radiographic fusion of the tibiotalar joint demonstrated at 24 weeks

Multiple CT planes displayed to demonstrate extent of osseous bridging at 24 weeks.





Post-Op 9 Weeks



Clinical Outcome

- » Patient was non weight-bearing with immobilization for 6 weeks post-op, progressive weight-bearing thereafter
- » Radiographic fusion of the ankle joint demonstrated at 24 weeks and after
- » At 12 months, improvement to site pain assessment on VAS from 88mm to 29mm ($\Delta 59$)

Post-Op 24 Weeks



Post-Op 52 Weeks

