

STIMULAN[®]

Case study

Courtesy of Mr. Alan Norrish

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Clinical particulars

44-year-old female presented with persistent and severe pain of the right arm. She had a history of infection following a nailing of the humerus 15 years ago. She had grown *Staphylococcus aureus* in the past and has had a number of flare-ups over the years. 7 years ago, she had a fenestration and a sequestrum removed, and MSSA was isolated.

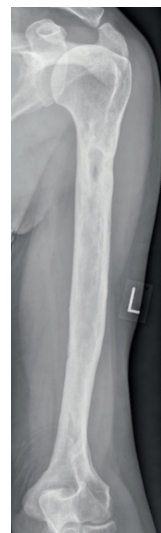
Treatment

She was treated with an open sequestrectomy through a bone window, made through a deltopectoral approach. 10cc of **STIMULAN** mixed with antibiotic was formed into beads and administered to complement dead space and infection management. A suction drain was placed for 24 hours. Systemic antibiotics were administered intravenously for 6 weeks.

Outcome

At 6 month follow-up, the patient had returned to normal activities without symptoms or signs suggesting persistence or recurrence of infection. CRP = 1. On the x-ray, the bone window and cavity appeared filled with newly formed bone.

2 years post-operatively no recurrence of infection had occurred.



Presentation



Presentation



Post-operative



6 months

For indications, contraindications, warnings and precautions see Instructions for Use. Concurrent use of locally administered antibiotics may affect setting time, absorption characteristics and/or bone formation. It is the surgeon/healthcare professional's responsibility to give due consideration to the details in the medicinal product marketing authorisation in deciding whether it is appropriate for the patient under his/her care. The relevant Summary of Product Characteristics (SmPC) must be consulted. The type and dose of medicinal substance should also be assessed according to the individual patient's clinical circumstance.

This brochure may include the use of STIMULAN or techniques that go beyond the current clearance/approval granted by the relevant regulatory authority. Please contact your local representative for further information.

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