

Case report

Treatment of tibial osteomyelitis with large soft tissue defect using free contralateral fibular transplant

Authors:

M.Malzubris, Dz.Ozols, K.Snippe, K.Pastars,
M.Timofejevs, M.Rudakovska, J.Lapins,
O.Libermanis, D.Vadone, S.Daukste,
RAKUS, Wound Clinic, Riga, Latvia

Anamnesis

- Patient – 45 years old women
- Low energy trauma in January 2009
- Right tibial and fibular fractures



Initial treatment

- Osteosynthesis with plate



Postoperative period

- Complication – deep wound infection
- Large soft tissue defect
- Devitalized bone segment
- Osteomyelitis (IV A type, Cierny-Mader)

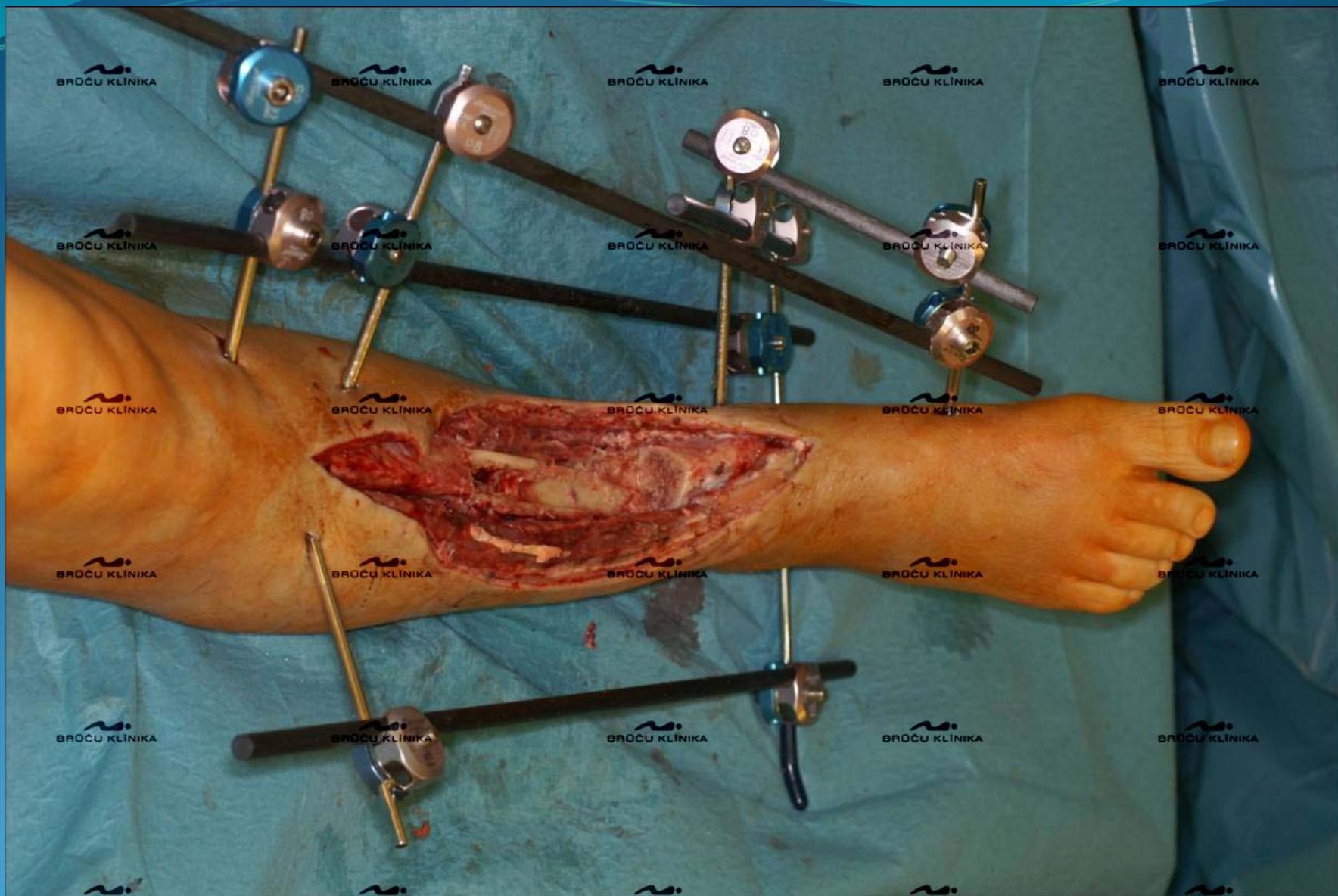


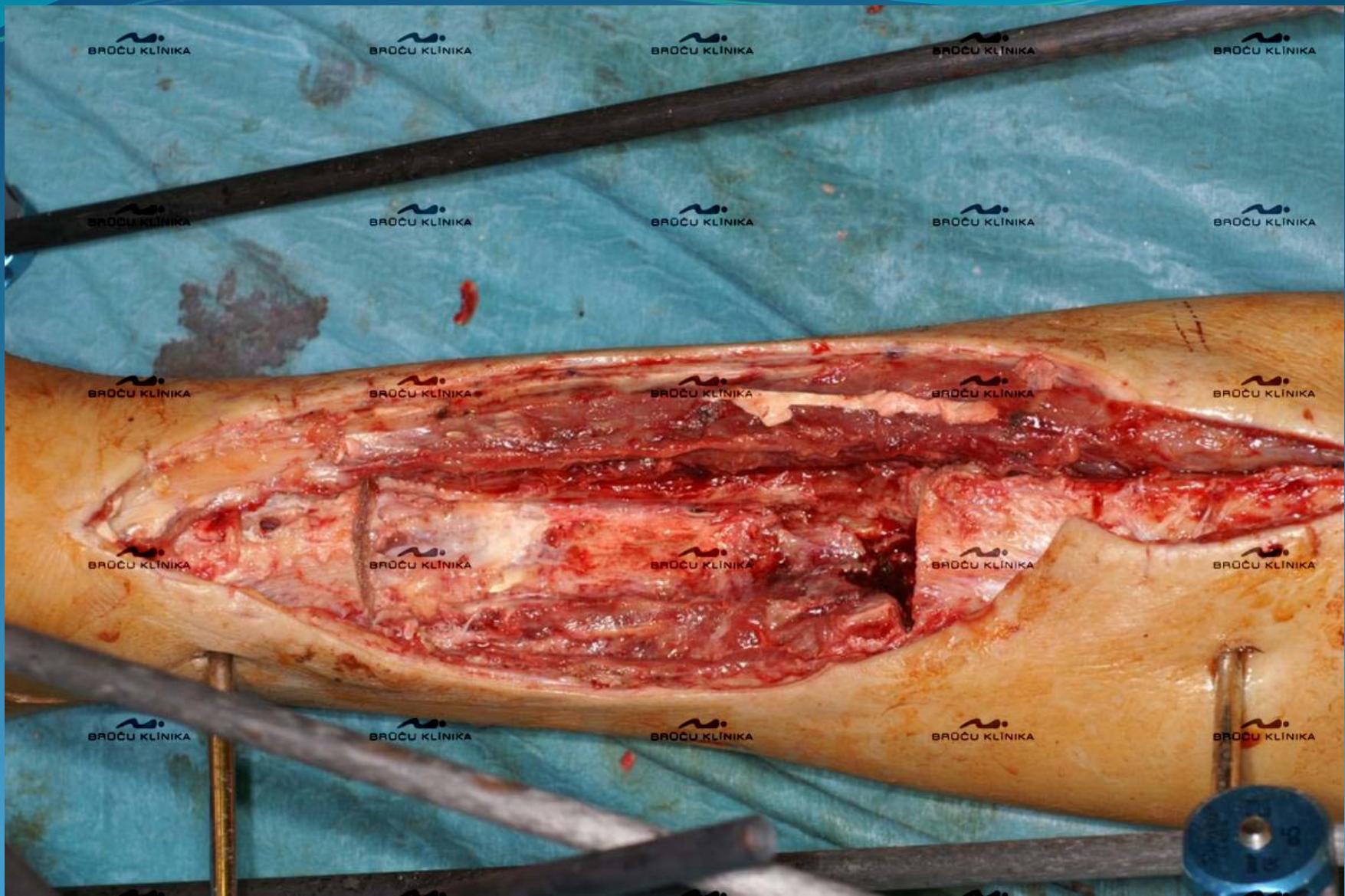


Treatment

According to osteomyelitis protocol

- Plate removal
- Debridment
- External fixation





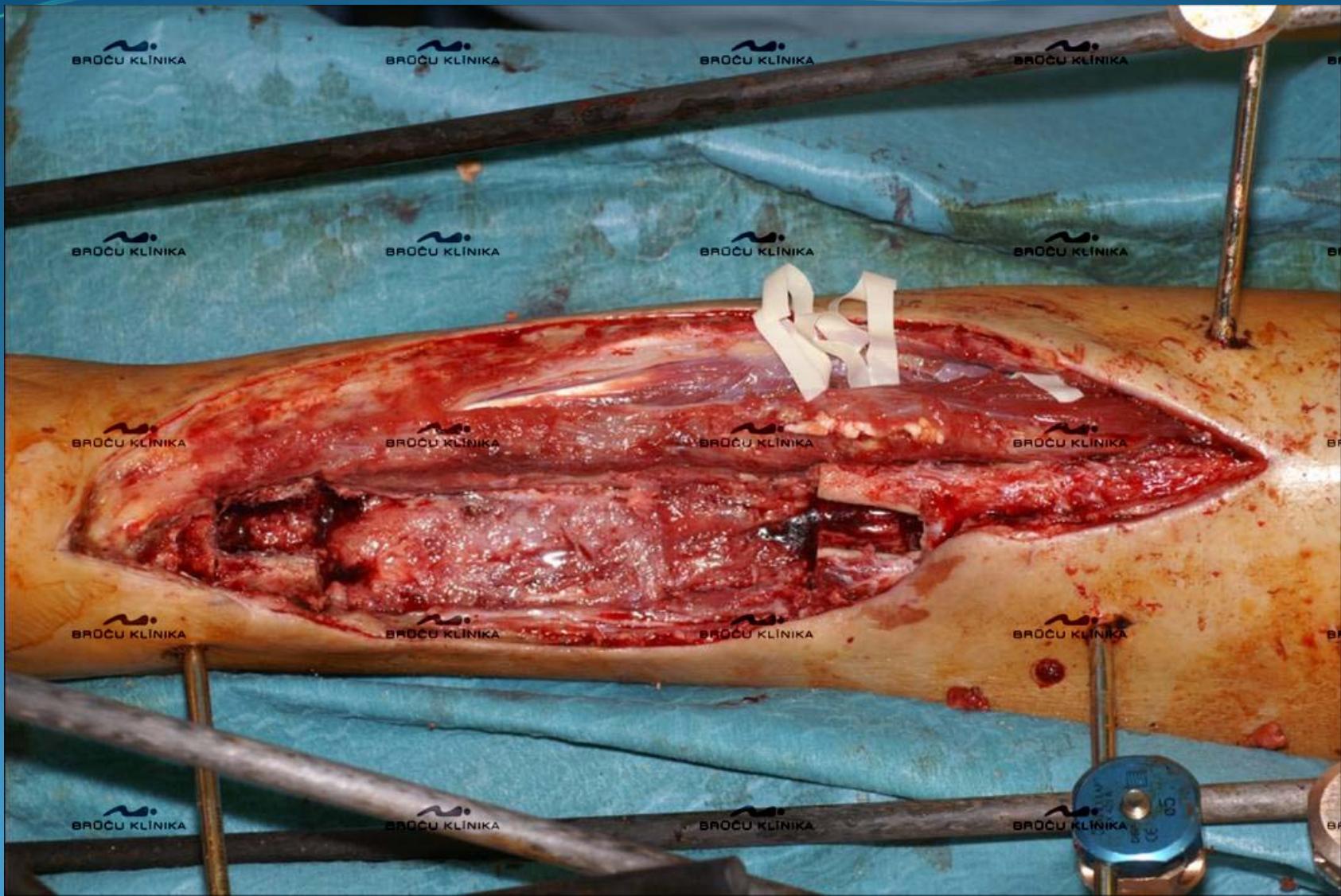
Treatment

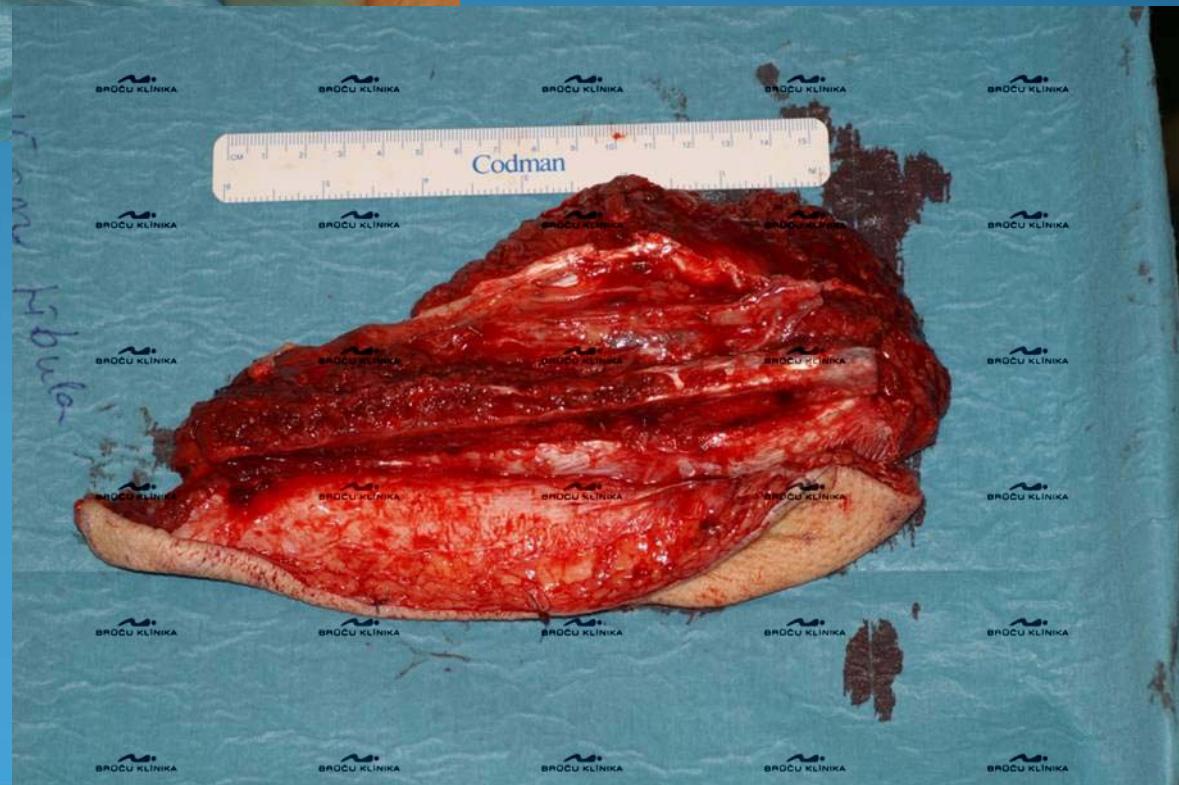
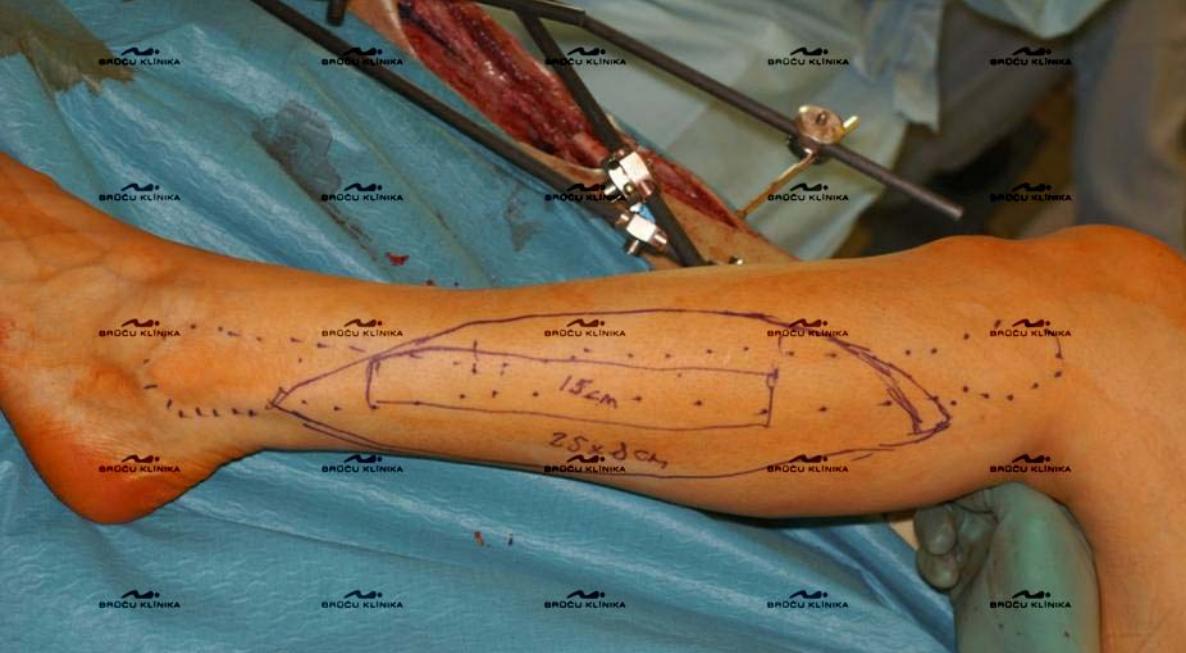
According to osteomyelitis protocol

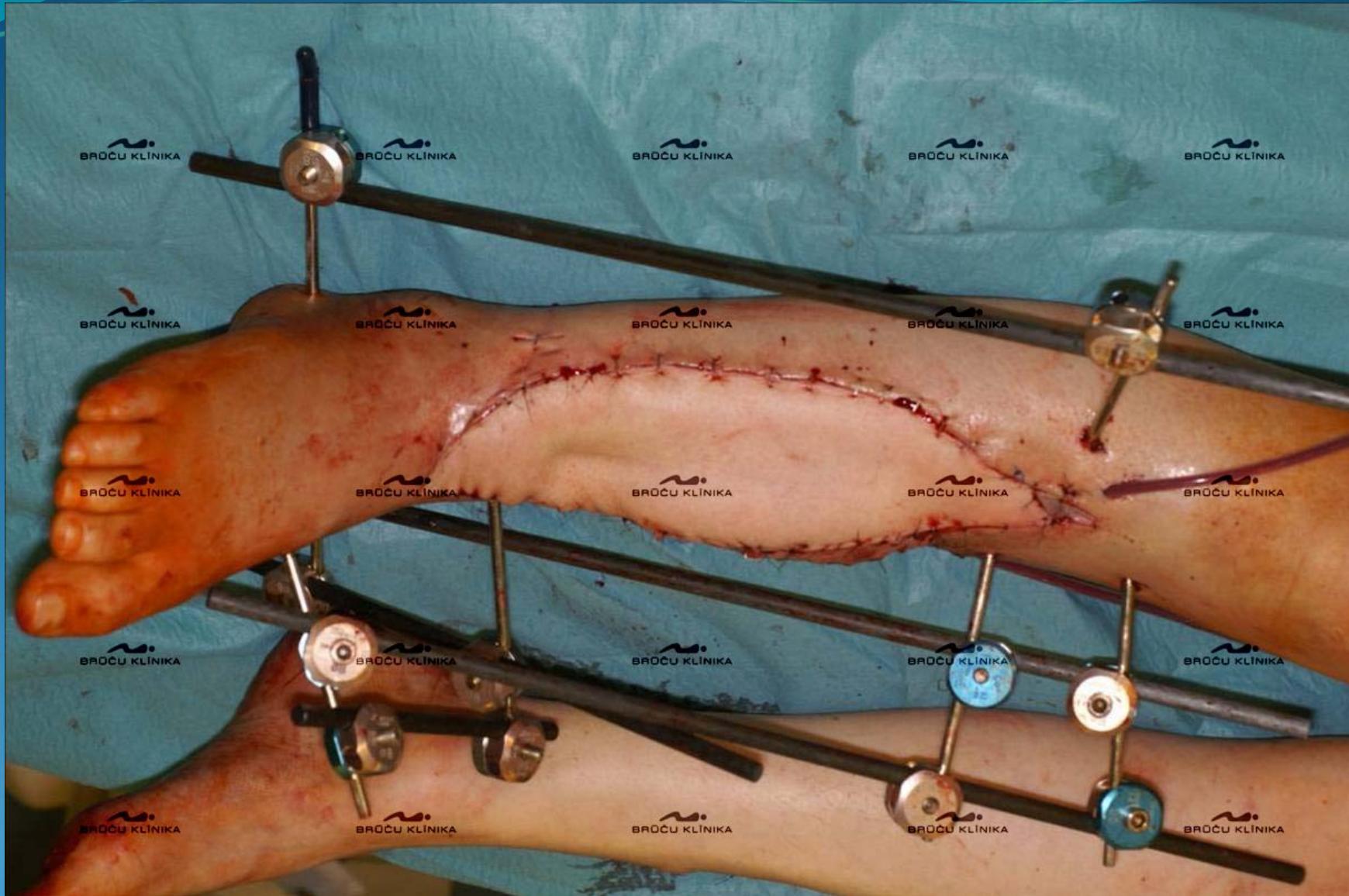
- Plate removal
- Debridment
- External fixation
- Vacuum assisted closure therapy 7 days
- Defect closure with free
osteomiocutaneous fibular flap

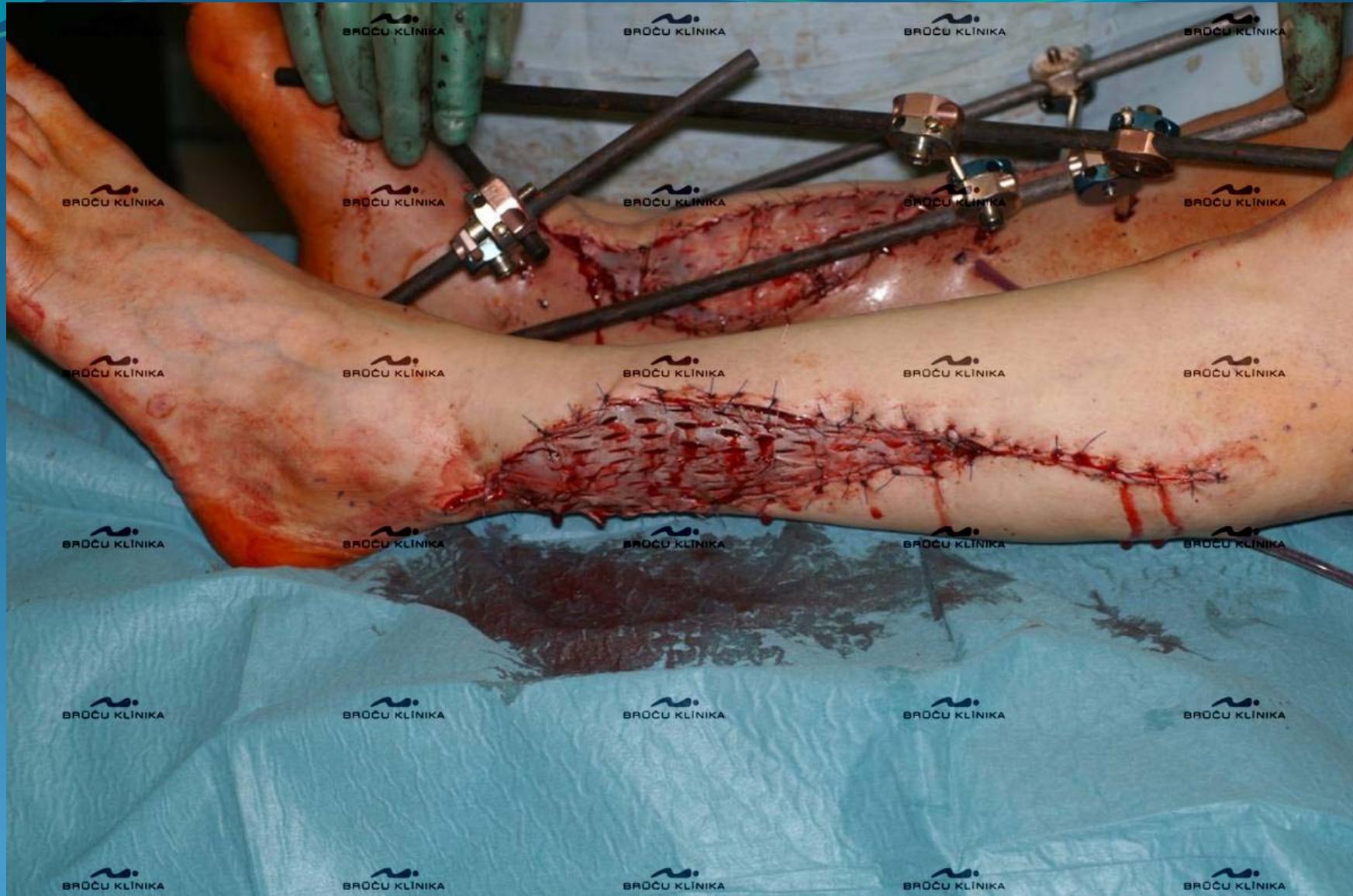
Operation

- Free contralateral osteomiocutaneous flap
- A.peronea with two veins
- M.soleus
- Skin size 25x12 cm



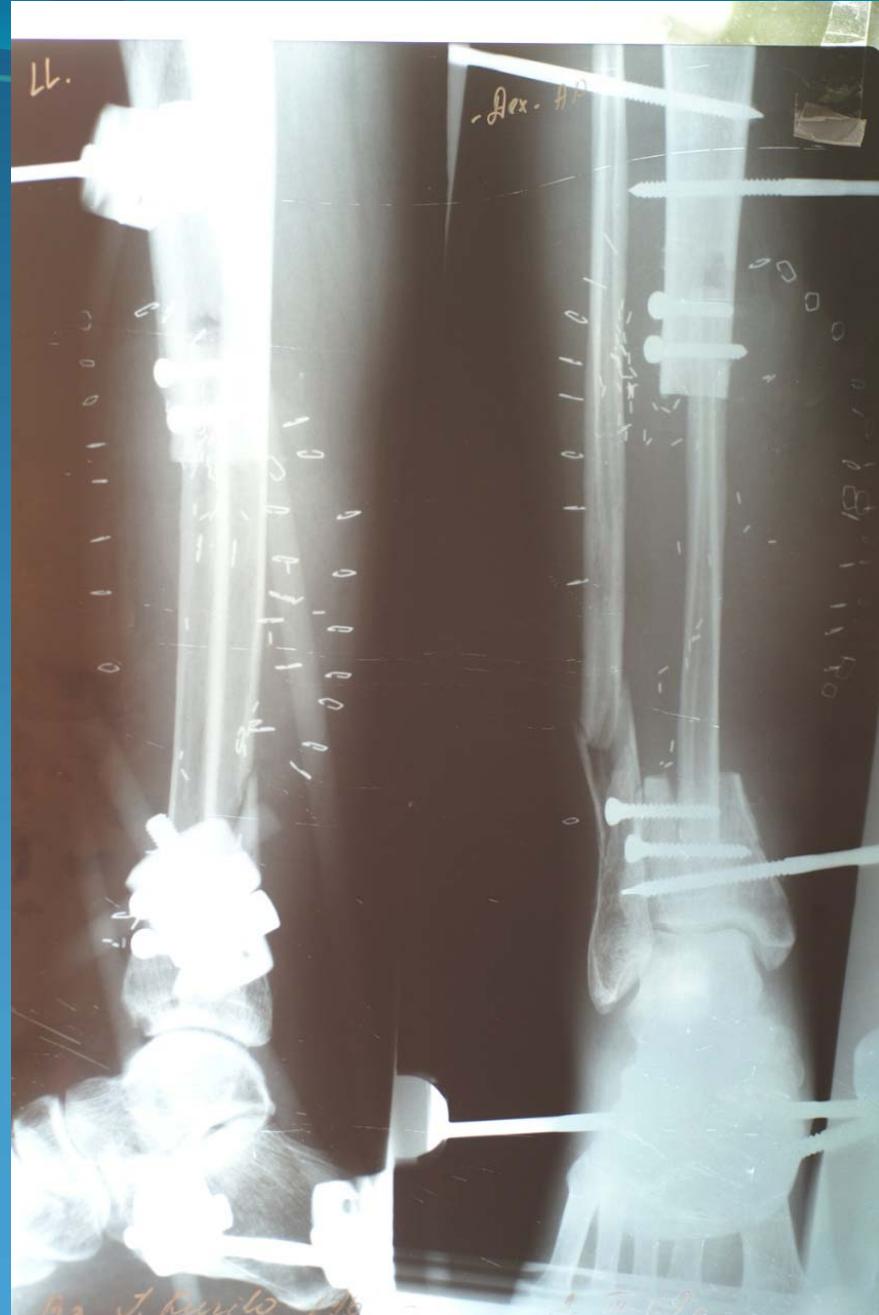








10 Feb 1963



Mr. J. Davis 110

10 Feb

Treatment

- Postoperative period
- Patient spent 30 days in the hospital

18 days after operation



4 months after operation



7 months after operation



7 months after operation



Conclusions

- Vascularised fibula bone graft is useful in reconstruction of large bone defects in one stage
- Large skin and soft tissue defect in tibia is not a contraindication for free contralateral fibular flap



Thank You!