Masquelet Procedure – 100 Days Old Induced Membrane

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INTRODUCTION:

The management of critical-sized bone defects (CSBD) following chronic osteomyelitis continues to be an arduous task. We present a case of tibial osteomyelitis treated using the Masquelet technique¹.

CASE PRESENTATION:

A 26 years old gentleman sustained a grade IIIB open fracture of the left tibia. He underwent debridement, external fixation and VAC on day 2 post trauma followed by reverse hemisoleus flap on day 5 then discharged with external fixator. At 6 weeks, the external fixator was removed and PTB cast applied. Unfortunately, patient developed a non-healing sinus at 3 months, with radiological evidence of chronic osteomyelitis. The first stage was performed using an antibiotic-coated tibial nail with 4.5cm bone resected. Subsequently, patient defaulted follow-up and the second stage was done 100 days after the first stage. Three months later, the patient began full weight bearing, with a healed wound and signs of union radiographically.



A: Osteomyelitis Of Tibia

B: Post 1st Stage C: 3 months Masquelet

post 2nd Stage

DISCUSSIONS:

The cement spacer used for the Masquelet technique leads to the formation of an induced 'pseudomembrane' which is highly vascularized and contains high levels of VEGF, IL-6, and other bone morphogenetic factors¹. It was thought that its osteogenic capability is highest between 4 to 6 weeks. In our case, it has been shown that this capability is still potent, even after 3 months and is supported by several studies^{2,3}. The time of treatment was faster than ring fixators for such defects, however leaves a problem of donor site morbidity for larger defects (more than 5 cm)³.

CONCLUSION:

The Masquelet technique remains a novel method in management of long bone CSBD. Further studies are required to assess the evolution of the induced membrane for longer periods.

REFERENCES:

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