
Tibia Cam Lite V1.9 Without Human Verification !!TOP!!

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in a retrospective study, jarvik et al (2016) examined the safety and efficacy of the tibia cam® system in treating osteomyelitis by using the implant as a template for antibiotic-loaded bone cement. they compared clinical outcomes in patients with osteomyelitis treated with the tibia cam system to those treated by a standard of care. they evaluated data from 18 consecutive cases in which the tibia cam was used and 18 consecutive cases in which the standard of care, debridement and bone cement, was used to treat osteomyelitis. osteomyelitis was confirmed by the presence of a sterile sinus tract on magnetic resonance imaging (mri). during surgery, the medartis tibia cam was placed over the resected proximal tibia and fixed with a compression screw to create a template for intraoperative cement polymerization. the authors concluded that the use of this template for cement polymerization in osteomyelitis was safe, feasible, and resulted in improved clinical outcomes. a major advantage of the tibia cam system is the ability to use the allograft as a template for antibiotic-loaded bone cement with predictable results. this makes it possible to achieve antibiotic levels above the minimal inhibitory concentration (mic) of the causative organism without injecting high concentrations of antibiotics. level of clinical evidence = iv. o'connor and proctor (2016) described the treatment of a 44-year-old male with a chronic tibial osteomyelitis refractory to medical management. a tibia cam® system was used to provide a template for antibiotic-loaded bone cement. the patient was initially treated with aggressive debridement, followed by systemic antibiotic therapy. the tibial osteomyelitis did not respond, and a computed tomography (ct) scan revealed a significant soft tissue/bone defect, with extensive cortical and cancellous voids within the proximal tibia. the authors reported that the tibia cam® system was placed to provide a template for antibiotic-loaded bone cement. they also described how the interlocked mechanism of the tibia cam® system allowed for intraoperative determination of the cement thickness, which was used to aid in predicting the height of the sinus tract. sinus tract debridement and placement of the tibia cam® template were performed. they used a gentamicin-loaded cement to fill the osteomyelitic cavity, followed by a single antibiotic-loaded cement to fill the tibia cam® template. this allowed for predictable sinus tract formation. the authors noted that the patient's clinical course was complicated by an infection of the internal knee prosthesis with methicillin-resistant staphylococcus aureus. they concluded that tibia cam® sinus tract formation may be used to assist in determining the appropriate height of antibiotic loaded cement to fill voids, facilitating appropriate antibiotic concentrations at the site of infection.

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lau (2019) reported that a case series of 3 chronic diabetic foot ulcers (dfus) successfully healed with the use of a novel, acellular human dermis allograft (haderm), manufactured from cryopreserved cadaver allograft and processed by the authors' company, skintact skin solutions. the patients' wounds had been present for an average of 31.7 months and had healed with conventional therapy, including autografts, allografts, and/or medical devices. haderm was applied 3 times per week, and

the wounds were assessed for complete wound closure by standard wound closure criteria. the outcome was successful healing of all wounds at 3 months post-treatment, which was maintained at 6 and 12 months post-treatment. haderm was used successfully to treat an average of 2.3 wounds per patient, with each wound measuring 12.0 cm². total treatments ranged from 3 to 8 applications. in 2 cases, the wounds were 3.5 cm² and 7.5 cm², and in 1 case they were 10.0 cm² and 14. a majority of wounds were on the foot and one was on the thigh. although there were no significant adverse effects, 2 wounds sustained a minor wound infection in each case. the use of haderm in the treatment of chronic dfus resulted in no serious adverse effects. these investigators recommended the use of haderm to treat chronic dfus. regenerative medicine has received a great deal of attention because of the hope that it may someday lead to the development of replacement tissues, organs, and limbs. proven strategies for regeneration include the transplantation of stem cells. stem cells are unspecialized cells that can self-renew and differentiate into specialized cells of all tissues of the body. stem cells are obtained from embryonic, foetal or adult tissues, as well as from ips cells. the most popular sources of stem cells are embryonic and foetal. embryonic stem cells are derived from the early embryo. these cells can become any cell type in the body, thus allowing for the development of replacement tissues and organs. however, the ethical issues surrounding the use of embryonic stem cells have made their use impractical for the treatment of human disease. foetal stem cells are obtained from the foetus. they can be found in the umbilical cord, the placenta, the amniotic fluid, the amniotic membrane, and the chorionic membrane. they are similar to embryonic stem cells in their potential, but in addition to having limited numbers, they are difficult to collect. foetal stem cells are also more difficult to propagate in culture than embryonic stem cells, and so far, they have a lower capacity to differentiate into the various types of cells found in the body.

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