

CLINICAL CASE REPORT

ELIZ® + OSIQ® (using FUSE'M®) USE IN ONE LEVEL
POSTERIOR LUMBAR INTERBODY FUSION

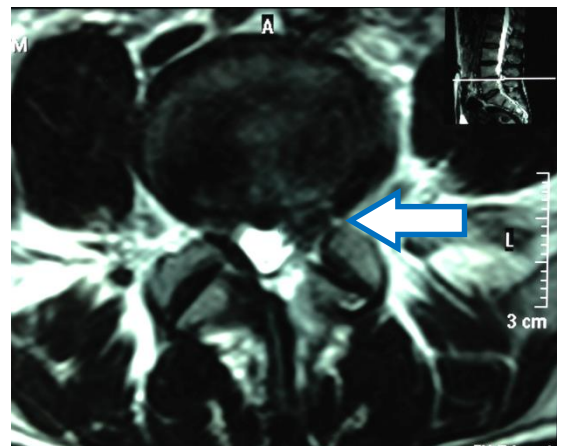
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INTRODUCTION

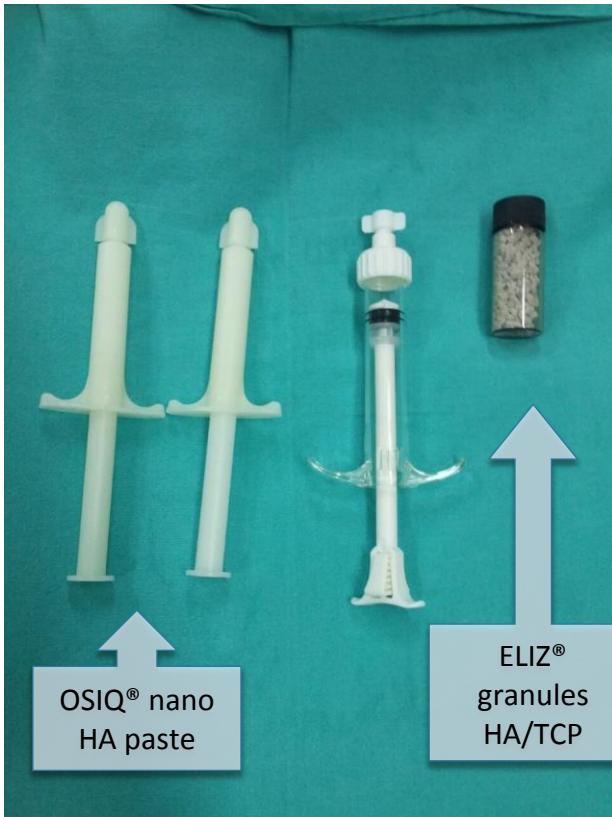
- 48 years-old woman, active
- Disc herniation L4-L5
- History of microdisectomy L4-L5
- Left lumbosciatic pain
- Failure of non-operative treatment
- Selective nerve root block

PRE OPERATIVE X-RAY

Disc herniation L4-L5, Modic I.



SURGICAL PHOTOS - 5/28/14



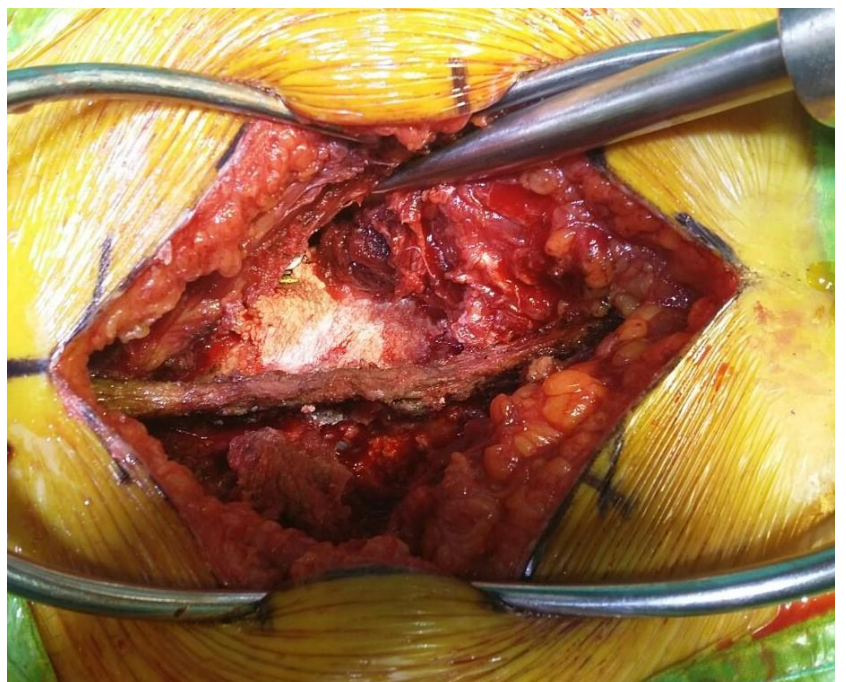
Product at OR Table



ELIZ® and OSIQ® mixed in the FUSE'M Syringe



PLIF filled with FUSE'M



FUSE'M applied in the Spine

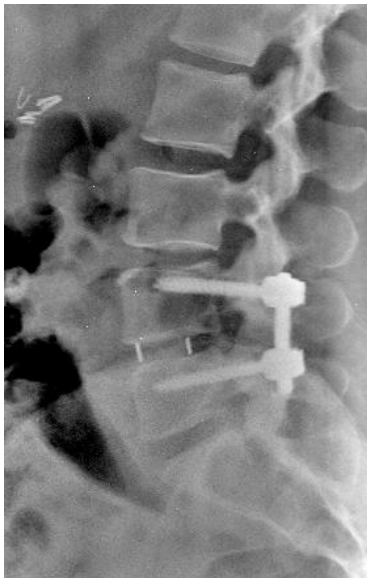
SURGICAL TECHNIQUE - 5/28/14

- Classical posterior approach
- L4 left Laminotomy, Root decompression
- Discectomy, OLIF
- Bilateral pedicle screw L4 L5
- Using ELIZ® + OSIQ® (FUSE'M) interbody and posterolateral

IMMEDIATE POST OPERATIVE CARE

- A standard post-operative protocol was applied with a full weight-bearing at day one.
- Patient was discharged on day 3 and went back home

POST OPERATIVE X-RAY



3 months POST OPERATIVE X-RAY

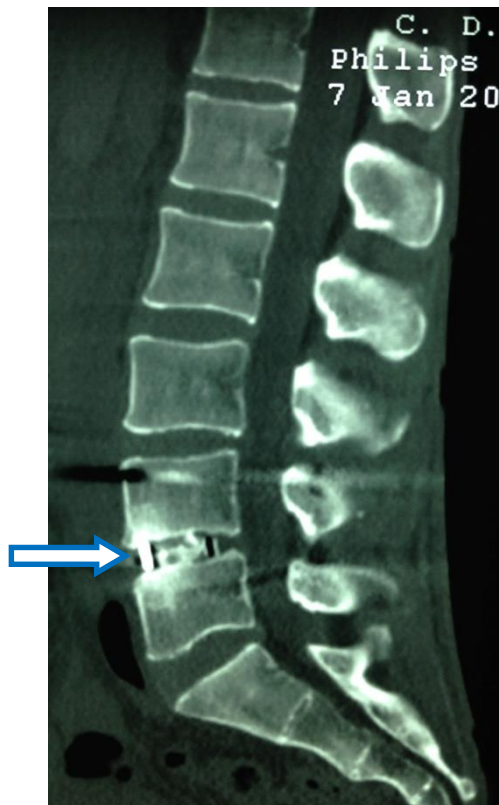


6 months POST OPERATIVE X-RAY



8 months POST OPERATIVE CT scan

The interbody fusion bridge may be observed at the L4-L5 level in the sagittal section.





CLINICAL OUTCOME

The patient has a radicular score VAS = 0 and lumbar score VAS = 2/10
During preoperative those values were 9 and 7, respectively

CONCLUSION

- After 8 months the implant is well osseointegrated and allows a bridge between L4-L5. It is clearly seen ELIZ[®] + OSIQ[®] (FUSE'M) grants effectiveness in achieving intersomatic arthrodesis and performing a 360 degree fusion.
- The use of ELIZ[®] + OSIQ[®] (FUSE'M) provides an alternative to iliac graft harvesting, thus lowering surgical morbidity rates, given 20% of patients suffer from residual pain where the iliac crest graft was taken from.



For further information or questions, please contact KYERON BV.

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