* **Name:** Mr. Ali
* **Age:** 66 years
* **Inception date:** 01-01-2018
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:** clear
* **Product:** IN, B-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** Type iii open displaced segmental fracture of shaft of left tibia with delayed healing, subsequent encounter

Has osteomyelitis of left tibia with intramedullary nail and fication , needs surgery for removal of nail and excision of dead bone.

* **Admission Date & request:** needs surgery for removal of nail and excision of dead bone.

Partial Excision (Craterization, Saucerization Or Diaphysectomy) Of

Osteomyelitis Or Exostosis): Tibia Or Fibula - [27640 (Cpt®)] - Left

Ankle Implant (Prosthesis) - [27704 (Cpt®)] - Left

Surgeon(s): Rachid Kassem Haidar, MD

* **History:**

Covered admission for Gunshot injury to left leg in April 2023, resulting in compound comminuted segmental fracture of proximal shaft left tibia and fibula treated with external fixator complicated by infection treated with IV antibiotics

Then with intramedullary nailing and local flap. Swab culture taken post op grew Enterococcus coli and enterococcus faecalis.

Has been on chloramphenicol since 23/3/24 as 1 Gram 3 times daily but then decreased to 500 milligram 3 times daily due to transient pancytopenia,.

Following up closely with Doctor Gustavo Fring for chronic osteomyelitis with recurrent (now chronic ) draining sinus.

Clinically

Complete left foot drop with evidence of complete, peroneal nerve injury, also no clinical evidence of tibialis posterior muscle function

Mild varus deformity of left leg

Scar over surgical incision and local flap over proximal leg with a small draining sinus

Left knee reasonable range of movement

Tight left Achilli’s tendon with mild equinus deformity

No more discharge around distal locking portal site

**Culture, Wound**

**10/10/2024** Wound Growth Escherichia coli ESBL

Exam Name

XR left Leg 03/10/2024

Clinical Indication

non union

Technique

2 views left leg

Comparison

CT scan 2 September 2024 and x-rays 30 July 2024.

Impression

Improved healing of proximal left tibia shaft fracture with bony callus formation, however persistent

lucency denoting focal non united area along the lateral cortex of the proximal left tibia shaft.

No hardware related complication. No new fracture or displacement. Nonunited proximal left fibular

fracture again noted.

Clinical Indication

nonunion left leg fracture.

Technique

Nonenhanced axial cuts of the left leg with multiplanar

reformats.

Comparison

CT scan of 16 January 2024

Findings

Multiple prior x-rays and CT scan.

Tibia:No significant change in the previously present circumferential

bone resorption, compatible with loosening, along the proximal

aspect of the tibial intramedullary nail. There is mild decrease of

bone resorption at the distal tip of the intramedullary nail. No

change in the alignment of the tibial fracture which is

acceptable.

There is further healing process by callus formation and

periosteal reaction at the tibial fracture. Persistent defect along

the lateral aspect of the proximal tibia, estimated at 3 cm.

Residual oblique lucent fracture is noted at the mid shaft

showing increased slightly dense haziness due to callus.

No new fracture. No aggressive periosteal reaction. No bony

sequestrum, no cloaca. No CT features of acute or chronic

osteomyelitis.

Fibula:

There is mild improvement in fibular alignment which is

acceptable. No significant change in the significantly

comminuted fracture of the proximal fibular diaphysis with

multiple detached bone fragments with no significant healing at

this level. However, the nondisplaced fracture of the mid fibular

diaphysis shows further improved healing by callus formation

with residual lucent fracture line..

No new fracture is seen. No aggressive periosteal reaction.

Mild osteoarthritis of the knee joint .

Patchy diffuse osteopenia, likely related to disuse.

The knee joint is not included on this examination for evaluation

or comparison.

Grossly unchanged diffuse subcutaneous fat planes edema,

thickening, scarring as well as anterior muscle edema.

Again noted mild diffuse muscle atrophy of the leg. No large

fluid collection.

Few small Shrapnels are seen along the posterior aspect of the

leg.

Impression

1. Mild progression of healing of the proximal tibial fracture by

callus and periostitis. Unchanged acceptable alignment.

2. Decrease in bone resorption over the distal tip of the

intramedullary tibial nail. Stable significant bone resorption in

keeping with loosening surrounding the proximal portion of the

tibial nail.

3. Progression of healing of the fracture involving the midshaft of

the fibula. However no change with no interval healing process

of the proximal fibular comminuted fracture, showing multiple

bone fragments. Mild improvement of the fibular alignment,4. Unchanged postoperative subcutaneous soft tissue

thickening, edema and scarring of the left leg. No gross soft

tissue collections.

5. No new fractures or new areas of periprosthetic bone

resorption.

Other