The purpose of this case study is to investigate the post operative outcomes of GRAFTJACKET™ regenerative tissue matrix and Interfyl™ allogenic decellularized allogeneic particulate human placental connective tissue matrix as augmentation grafts during open Achilles tendon repair. In this case, a 47-year-old diabetic African American male presented to clinic eleven days status post near complete Achilles tendon rupture that occurred while playing soccer. One week after presenting to clinic, the patient underwent open Achilles tendon repair with augmentation fusing both regenerative tissue matrix and allogeneic decellularized particular human placental connective tissue matrix. The patient’s pain (0-10), edema, and erythema were alleviated post-operatively on days 3, 10, 17, 24, and 38 in a clinical setting. Additionally, the procedure was patient on opioid therapy for a short period of time. There was improvement was noted in all three categories on post-operative day 17. Such findings indicate that the method of combining GRAFTJACKET™ and Interfyl™ during open Achilles tendon repair can possibly accelerate the post-operative course by leading to quicker participation in physical therapy thus leading to rapid return of daily activity and consuming less opioid medication post operatively.

Postoperative Follow-up

There was improvement noted in all three categories (pain, erythema, and edema) on post-operative day 17. Such findings indicate that the method of combining GRAFTJACKET™ and Interfyl™ during open Achilles tendon repair can possibly accelerate the post-operative course by leading to quicker participation in physical therapy thus leading to rapid return of daily activity and consuming less opioid medication post operatively. This the first documented case study that have used both of these modalities together to repair a ruptured Achilles Tendon. We will continue using both GRAFTJACKET and Interfyl during open Achilles Tendon repair to further investigate whether the augmentation aids in accelerated healing of the damaged tendon. We could possibly use the same modalities in other low extremity ruptured tendons such as Tibialis Anterior, Extensor Hallicis Longus, or Peroneals.

References