



PRECISE[®]
BIOSCIENCE

Plantar Fibroma Excision



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Clinical History

59-year-old, female diagnosed with recurrent plantar fibromatosis clinically and on MRI (FIG 1). The patient had pain overlying the plantar fibroma to the plantar medial mid foot (FIG 2). The patient did fail a previous excision, NSAID's, custom orthotics, different shoes, activity modifications and corticosteroid injections.



Technology Platform

XCELLERATE™ is opaque and thicker than other grafts. The Lyophilized graft is flexible and easy to handle. What you can't see is the benefit of our proprietary Lyophilization processing focused on preserving the quality of the matrix. The growth factor-rich matrix with an outer basement membrane immediately serves as a natural barrier and supports re-epithelialization.

Procedure

- A medial incision over the midfoot is made over the recurrent plantar fibroma. The incision is deepened through skin and subcutaneous tissue down to the plantar fibroma. Care is taken only to retract deep and not on the skin.
- Next, the recurrent plantar fibroma is identified, and the entire plantar fibroma is excised (FIG 3). Two portions of the plantar fibroma was adhered to the skin and a small amount of the skin plantarly needed to be resected as well (FIG 4).
- Next, XCELLERATE was placed within the resected plantar fibroma under the skin to help decrease recurrence of the plantar fibroma and facilitate healing of the plantar skin (FIG 5).
- The incision is then closed in layers (FIG 6).

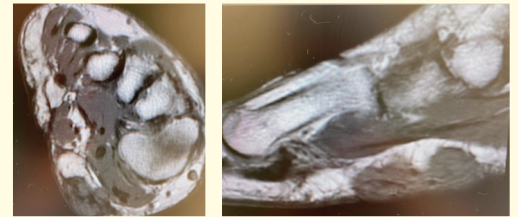


Figure 1
MRI demonstrating the recurrent plantar fibroma sub first tarsometatarsal joint.



Figure 2
Clinical picture demonstrating the recurrent fibroma to the plantar medial midfoot.

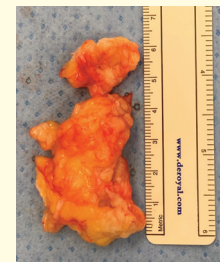


Figure 3
Excision of the entire plantar fibroma.



Figure 4
After excision of the recurrent plantar fibroma.



Figure 5
Application of the XCELLERATE with the space of the excised plantar fibroma.



Figure 6
Final closure of the recurrent plantar fibroma.



Outcome

- The patient is placed into a cam boot and is non weight bearing for 2 weeks.
- Sutures are removed at 2 weeks and the patient is allowed to weight bear in the cam boot for one month.
- The patient has resumed all her activities without recurrence of the plantar fibroma with well healed incision and is very pleased with the final outcome (FIG 7).



Figure 7

Final healing of the medial incision without recurrence.

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