

Placental Tissue Matrix

Skye Biologics PX50®

Case Report

September 22, 2016

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Diagnosis

Proximal patellar tendinosis

Intro

On August 5, 2016, a 17-year-old male presented with eight months of left knee pain that occurs with sitting, standing, and walking. He is in a fulltime soccer academy as a goalie and aims to play professionally in the future.

Diagnosis

On June 1, the patient was examined by Shawn Tierney, DC, RSMK Musculoskeletal Sonologist, using a GE R6 B-mode ultrasound using 8 to 13MHz high frequency GE 12L linear transducer and a 2 to 5.3MHz 4C curvilinear transducer. He was found to have 30% loss of compact fibular echotecture in the proximal patellar tendon extending 2.3 cm down the patellar tendon, with widening of the tendon and tenderness to sonopalpation. There was no medial patellofemoral ligament laxity or lateral tracking of the patellar tendon noted. There was no supra patellar pouch effusion, no medial or lateral meniscal extrusion, no tenderness of the left saphenous nerve or obturator nerve, and no hyaline cartilage loss.

Treatment

On August 5, 2016, under ultrasound guidance, 1 cc 0.5% Ropivacaine with 0.5 cc Skye Biologics Placental Tissue Matrix Allograft PX50®, was injected into the proximal aspect of the left patellar tendon.

Follow-up

On August 19, 2016, two weeks after the procedure, the patient reported that he was feeling much better. He had not gone back to playing soccer, but he felt no pain in his knee on standing, sitting, walking, and squatting, all of which used to trigger pain. The patient was cleared to return to training with his soccer academy in conjunction with physical therapy, and continue taping his knee for 3 months while playing soccer.

Figure 1. Reduction in Self-Reported Pain on a 1-10 Scale, before and after PTM Placental Tissue Matrix

Level of Pain	Pre- PX50®	Post- PX50®
	8/5/16	9/22/16
Average Pain	5	0
% Reduction in Pain	100%	