Suture anchors are commonly used in Achilles Detach Reattach procedures. We present a case of a suture anchor reaction in a patient who acquired osteolysis, soft tissue inflammation, and reoccurring drainage from her Achilles tendon. This reaction occurred approximately 7 months after her initial Achilles Detach-Reattach procedure with excision of bone.

**LITERATURE REVIEW**

Osteolysis can be secondary to a foreign body reaction causing bone resorption and breakdown of bone. Sinuses can develop discharging polymeric debris. Osteolysis can be seen after 3 months in half the patients. Biodegradable implants have been seen to cause local osteolysis, soft tissue inflammation, cystic formation, and loose fragments in orthopedic and oral/maxillofacial literature.

A case is presented of a 50 year old female with posterior left heel pain who underwent an Achilles detachment-reattachment procedure on 9/10/13 with the Arthrex Speed Bridge implant system. She experienced a multitude of post operative complications including fall injury on 10/4/13, wound dehiscence on 10/9/13, infection on 10/9/13, ultrasound revealing longitudinal tear in her Achilles tendon on 9/12/14, and revisional Achilles tendon surgery on 10/20/14. Her wound was noted to be epithelialized first on 12/17/14. A draining sinus developed on 2/27/15 with radiographic findings of osteolytic changes in the area of the previously implanted suture anchors. After an incision and drainage, Citrobacter Koseri (Diversus) was cultured from the deep surgical wound on 8/5/15. She continued to have worsening of osteolytic changes that also occurred to the talus and distal tibia on 10/12/15. This prompted a bone biopsy of the calcaneus on 12/4/15 which was negative for osteomyelitis however showed bony reactive changes. The final surgery on 1/29/16 included an excision of wound, granulomatous material, and removal of all deep retained material. Bone anchors were not absorbed and found to be in fragments.

**PURPOSE**

Achilles tendon regeneration can be a problem with suture anchor reaction. The purpose of this case study is to report a patient's delayed presentation of a complication after implantation of suture anchors for Achilles tendon repair.

**ANALYSIS AND DISCUSSION**

Pathology reports of the suture-anchor materials, local bone, and local tissue showed fibrosis, granulation tissue, and inflammation. Final deep wound cultures grew Citrobacter Koseri (Diversus) and the patient was kept on oral Bactrim DS until 2/17/16. Antibiotic therapy was adjusted to cover Citrobacter species. A long term complication of this type is osteolysis. This patient was kept on oral Bactrim DS until 2/17/16 to improve symptoms and allow healing of the wound and local tissue.

**CASE STUDY**

We present the case of a 50 year old female who underwent an Achilles detachment-reattachment procedure on 9/10/13 with the Arthrex Speed Bridge implant system. She experienced a multitude of post operative complications including fall injury on 10/4/13, wound dehiscence on 10/9/13, infection on 10/9/13, ultrasound revealing longitudinal tear in her Achilles tendon on 9/12/14, and revisional Achilles tendon surgery on 10/20/14. Her wound was noted to be epithelialized first on 12/17/14. A draining sinus developed on 2/27/15 with radiographic findings of osteolytic changes in the area of the previously implanted suture anchors. After an incision and drainage, Citrobacter Koseri (Diversus) was cultured from the deep surgical wound on 8/5/15. She continued to have worsening of osteolytic changes that also occurred to the talus and distal tibia on 10/12/15. This prompted a bone biopsy of the calcaneus on 12/4/15 which was negative for osteomyelitis however showed bony reactive changes. The final surgery on 1/29/16 included an excision of wound, granulomatous material, and removal of all deep retained material. Bone anchors were not absorbed and found to be in fragments.

**REFERENCES**


