TREATMENT OF A PATIENT WITH AN ACUTE LOWER LEG WOUND AFTER SURGICAL MANAGEMENT OF NECROTISING FACIITIS

Grenier de Cardenal D (1), Dubreuil A (2)

(1) Plastic and Maxillo-Facial surgical dept, CHR, Orléans-45, France (2) Lohmann & Rauscher S.A.S, Remiremont-88, France

Introduction:

The objective was to assess the efficacy of a HydroBalance* dressing when applied on an acute wound, also looking at protecting a fresh skin graft and the fragile peri-wound skin. The wound concerned a deep and more superficial area, located at the junction of the split-skin graft and the skin. The HydroBalance* dressing was employed as a wound filler and to cover the more superficial area of the wound. See figure 1 and figure 2.





Fig. 1 and fig. 2 show the situation before treatment with the Hydrobalance* dressing: 27 August, 2008

Figure 1

Material and methods:

The 76 years-old female patient had undergone surgery for treatment of fasciitis of her right lower leg. A circumferential wound was left after surgery. After the signs of infection had subsided the wound was covered with a split thickness skin graft.

The upper part of the wound was not covered with the graft and was left to close conservatively. An HydroBalance* dressing was used as a wound filler and to cover the more superficial area, fixed with a retention bandage and dressing changes took place every 5 to 6 days.

Results:

Complete wound closure was achieved after less than 3 months of treatment. The fragile skin remained intact during treatment with the dressing. The patient reported the dressing to be comfortable and soothing.



Figure 3

Fig. 3 shows the situation after debridement.
Cleansing and debridement of the wound was fast and painless, while obtaining a well vascularized wound bed

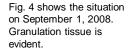




Figure 4

Conclusion:

The use of a <u>HydroBalance*</u> dressing in this case was beneficial, complete wound closure was achieved in less than 3 months. The mesh graft was well protected and fewer dressing changes were required.

Figure 5





Figure 6

November 2008, the wound is closed as shown in fig. 5 and 6

Scientific grant of Lohmann & Rauscher GmbH & Co KG, Rengsdorf/Germany