

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

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## 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.



Figure 1



Figure 2

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

## 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.



Fig. 4 shows the situation on September 1, 2008. Granulation tissue is evident.

Figure 4

## Conclusion:

The use of a **HydroBalance\*** 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