

Case study: Autolytic debridement and closure of lower extremity traumatic wound

SELF-ADAPTIVE WOUND DRESSING CLINICAL RESULTS

Patient:

66-year-old male presented with three non-healing trauma wounds located on his right thigh and knee. Patient's prior medical history included diabetes mellitus, cerebro-vascular accident, diabetic peripheral neuropathy, hypertension, alcohol abuse, and folic acid deficiency. Patient is receiving pain management medication.

A. Day 0.

At presentation, wounds were covered with slough, yellow eschar and necrotic tissue. Drainage was scant and serous. Periwound tissue was pink, dry and intact, and scaly. Self-adaptive dressings were applied with stretch gauze and tape.



B. Day 10.

Pain was reduced to zero and drainage was serosanguineous. Thigh ulcers displayed decreased yellow slough with light tissue present. Blackened dry eschar remained on knee ulcer.



C. Day 28.

Wound base was filled with beefy red granulation tissue with decreased yellow and black eschar on knee ulcer. Affected areas were free from bioburden complications. Surrounding tissue was normal and healthy.



D. Week 6.

Hypergranulation tissue present on thigh ulcers. Wound edges healthy and re-epithelializing. Silver stat gel applied with self-adaptive dressings.



E. Week 7.

Thigh wounds reduced in size with bright red granulation tissue and re-epithelializing wound edges. Dry eschar tissue on knee ulcer.



F. Week 14.

Thigh wounds were completely re-epithelialized with thin dry scab tissue on knee. Self-adaptive dressings were discontinued and patient was instructed to apply daily skin cream or vaseline ointment to avoid dryness and increase tensile strength.



Reference:

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