

Management of Post Traumatic Degloving Wound Axillary Wound with Negative Pressure Dressing – A Case Report

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INTRODUCTION

- Traumatic soft tissue injuries, deep abrasions and degloving wounds are often overlooked as it may seem trivial in comparison to the possibility of other concomitant life threatening injuries sustained.
- Majority of such wounds is likely to heal without any major complications. However, large degloving wounds especially at anatomical regions which that may be difficult to perform dressings may require specialize wound care.
- There is a possibility of severe secondary wound infections and morbidity from second wound debridement with prolong dressings.
- In this case report, we report on a young man, which had polytrauma with a large axillary degloving wound and concomitant injuries. This case reports highlight the benefits of private and public healthcare working in tandem with the associated challenges in managing this complex post traumatic degloving wound.

CASE REPORT

- A 32 year old male was transferred from a local public hospital as patients choice to continue post trauma treatment at KPJ Bandar Dato Onn Hospital. Patient was transferred on post trauma day four, after his motorbike skidded and had a fall on the road. The patient sustained left scapula fracture, left elbow dislocation, right metacarpal open fracture, bilateral lung contusion, bilateral rib fractures and a large left degloving wound of the left axilla. The open wound was dirty with contamination from dirt from the road which only underwent wound debridement and partial primary suturing on post trauma day four.
- On arrival, patient was hemodynamically stable, wound inspection of the wound showed a large left axillary wound 20x20cm, unhealthy skin edges, underlying pus and slough. Patient underwent a second wound debridement and skin sutures was removed to facilitate dressing on post trauma day 6.
- Due to the unhealthy wound with purulent discharge and large wound, decision was made to put the patient on negative pressure vacuum therapy (NWPT). NWPT with surrounding occlusive dressings was placed with pressure of 125mmHg using a portable suction device. After a week, the wound significantly improved with healthy granulation and minimal pus seen.
- Patient was changes to small and portable PICO NWPT and monitored for a another week an discharge home with antibiotics.
- After approximately 60days of dressing, the entire wound completely epithelized without any complications of wound infection.

DISCUSSION / CONCLUSION

- Often, large degloving wounds may require more specialized wound care to allow quicker wound healing
- This is important especially in young and active patients which allows them to return to work
- Several studies has also recommended its usage with tension sutures to promote faster wound closure
- However, in current resource constrained public hospital setting, NWPT may appear more have more cost on patient treatment bill. Hence, conventional dressings is still adopted due to cost and equipment limitation.
- From this case report, we achieved a good functional and acceptable cosmetic outcome for this patient by using NWPT.

Prior NPWT



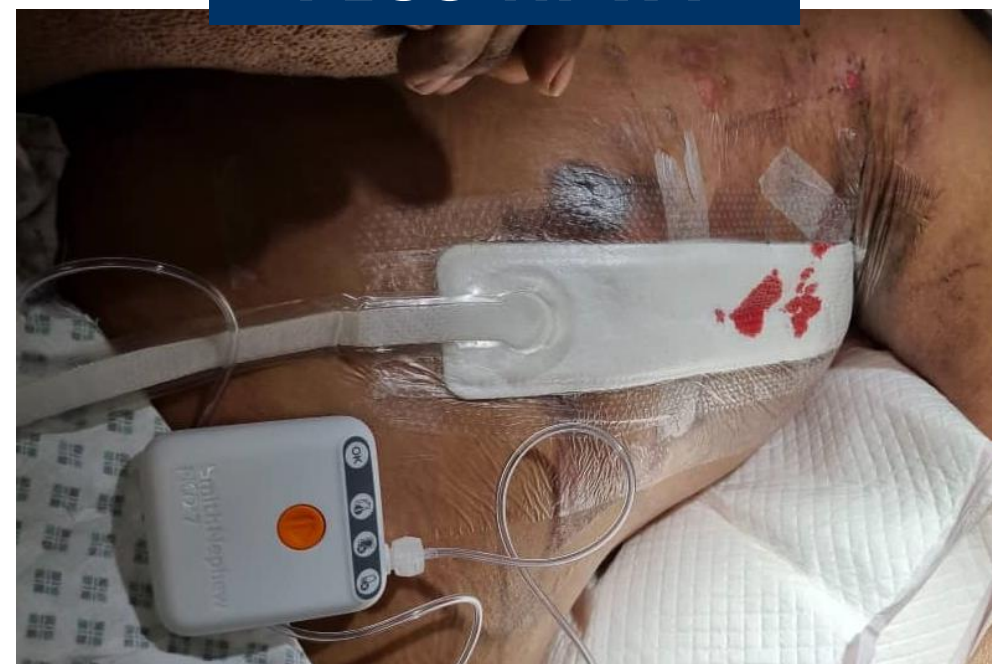
After first NPWT



Prior PICO NPWT



PICO NPWT



3 WEEKS PICO



60 Days

