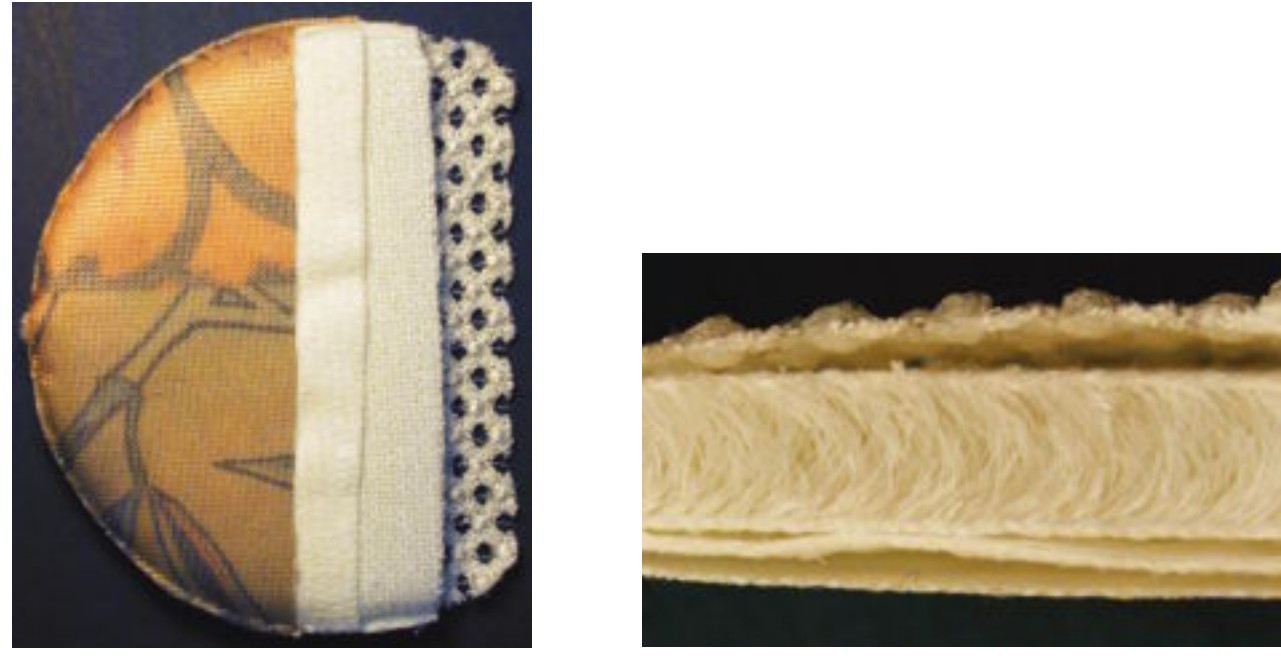


# Therapy of extensive third degree burns to the lower right leg using TISSUPOR® Wound Pads followed by mesh grafts

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## Findings of surgical presentation on 24 November 2000



### Anamnesis:

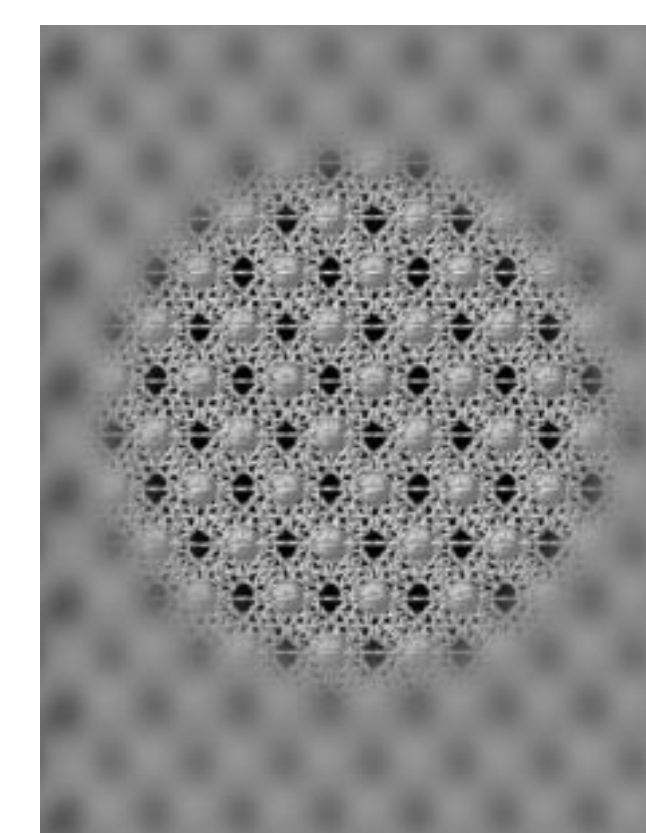
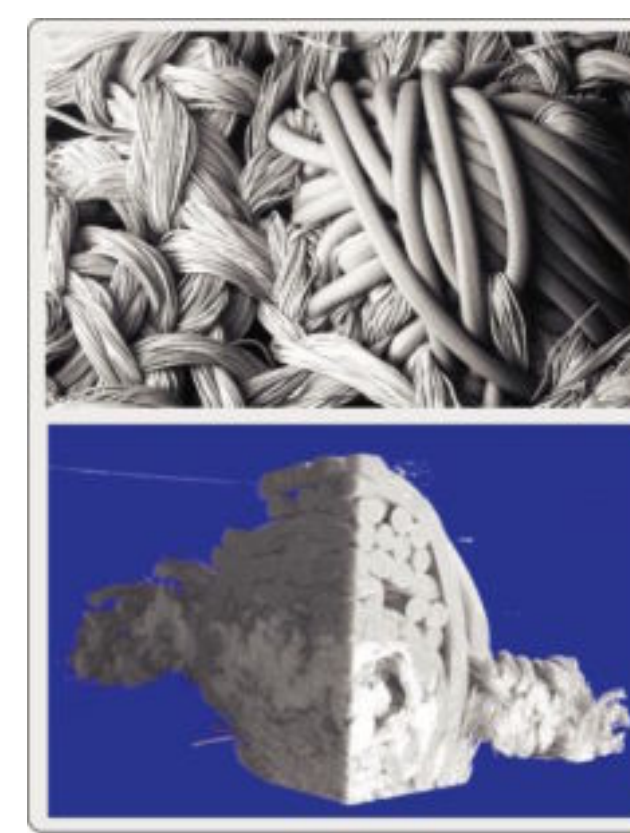
- Right lower leg with extensive (15 cm x 10 cm area) third degree burns to the skin; amputation risk. Exposed tendons and upper ankle joint. **Result of patient falling asleep on a hot water bottle in September 2000.**

### Pre-existing conditions:

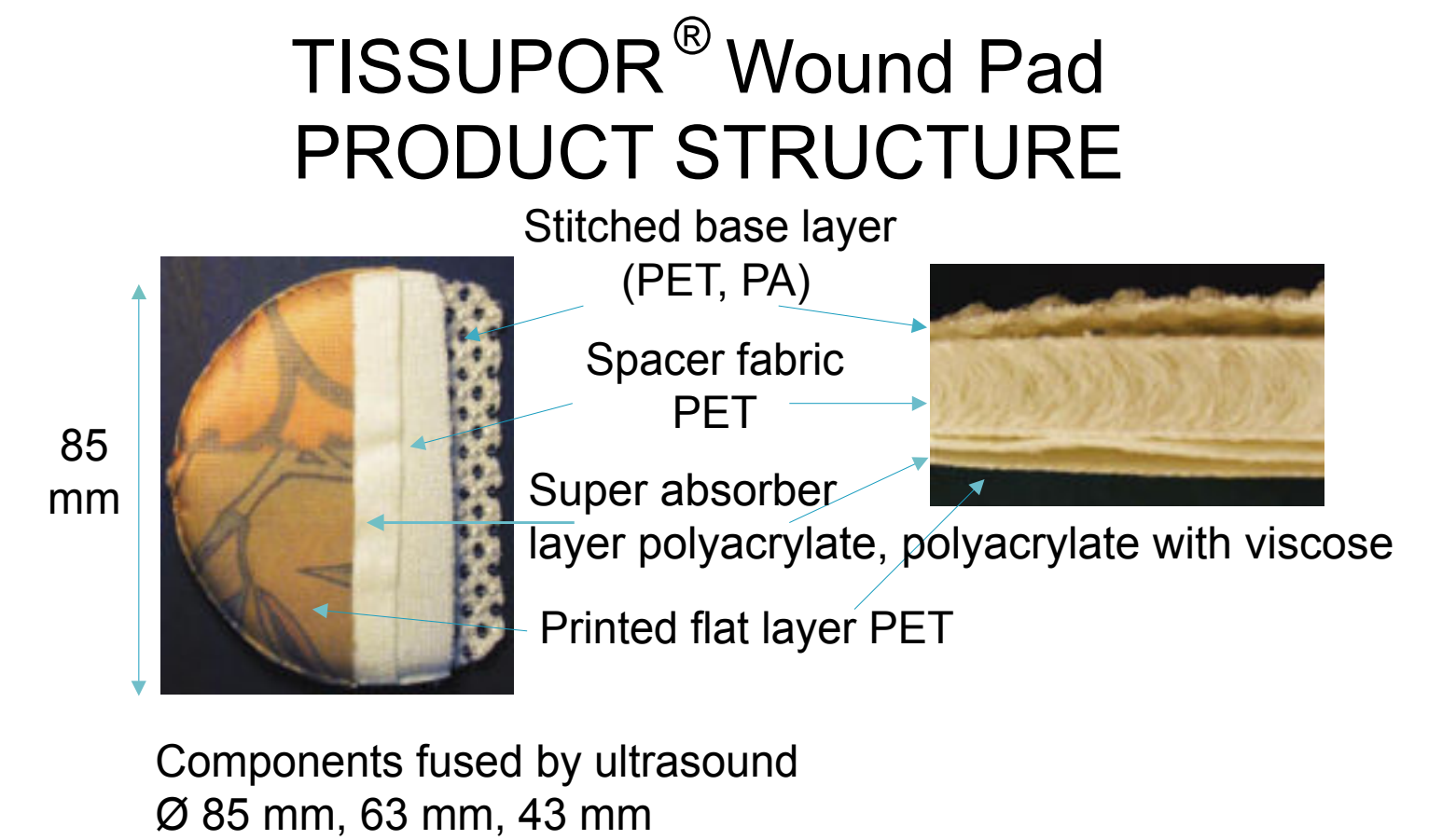
- Insulin-treated diabetes mellitus type IIb for 20 years
- Late diabetic syndrome with peripheral polyneuropathy and diabetic nephropathy

### Materials and methods:

- Initial surgical wound treatment
- TISSUPOR® Wound Pads (thick) of sizes 85 mm, 63 mm and 43 mm (from TISSUPOR AG Switzerland)
- Programmed wound examination with change after 4 – 5 days
- Oral antibiotics acc. to resistogramm
- Swabs taken at start of therapy, during therapy and before the mesh graft



- **Primary necrosectomy on 29 September 2000**
- **Subcutaneous necrotic tissue along the Achilles tendon**
- Swab: *pseudomonas aeruginosa*
- Extensive soft-tissue infection of the right lateral edge of the foot following burn trauma
- 15 cm x 10 cm ulcer on right lateral of the foot
- Surrounding tissue reddened and indurate
- Leukos 11,400, CRP 32.5
- Exposed Achilles and peroneus tendons. Exposed upper ankle fibulo-tarsal
- Exposed outer ankle
- Upper ankle X-ray:
- 2.5 cm long flat, irregular and partially unclearly defined bone defect on the dorsal circumference of the outer ankle



### Therapy:

Regular changes of conventional bandages outside treatment center; further removal of putrid secretions in the area of the proximal wound poles.

#### 1 December 2000:

Examination, necrosectomy and resection of the necrotic M. Gastrocnemius; M. Soleus well supplied with blood.

Starting on **18 December 2000** therapy with the TISSUPOR® Wound Pads in sizes 43 mm, 63 mm and 85 mm with high absorption capacity. The bandages were changed every 4 – 5 days, enabling removal of the non-vital layer (fibrin) and the establishment of granulation tissue with good blood flow.

#### 21 February 2001: Mesh graft inserted in lower right leg



### Summary:

- Ideal situation for using TISSUPOR® Wound Pads on a difficult wound
- Excellent mechanical debridement by Wound Pad
- Rapid reduction of infected bradytrophic tendon tissue; modification into stable granulation tissue
- Wound management comfortable for patient
- Time sparing technique
- Ambulatory treatment possible
- Daily change of bandages unnecessary
- Return to original life quality
- Speedy return home
- Approx. 90% of the mesh graft successful
- This case shows that TISSUPOR® Wound Pads can be used satisfactorily on extensive burn wounds and that they enable further care using flexible coverings even in cases of difficult wounds.

