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Managing a large complicated skin tear and Haematoma in a patient with multiple morbidities and drug allergies over 124 days

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Abstract

Situation

A 60-year-old lady sustained a large complicated skin tear on her left leg, following a fall on a garden hose. She was admitted to ED for treatment and upon being discharged was assigned to the District Nurses to manage. She has multiple health conditions including Type 1 Diabetes, Osteoporosis & Rheumatoid Arthritis, and was a recipient of a pancreas kidney transplant in Dec 2022. A Haematoma (Wound 2) was also present on her leg.

Action(s) taken/ treatment provided

Steristrips were applied in the ED. Week 1 they were removed and a superabsorbent dressing* & an atraumatic gel forming contact net** were applied. The dressings were secured with bandages, padding and a stockinette. Autolytic debridement commenced on both wounds and antibiotics was administered in the week 3 due to an infection risk. Dressing changes were daily and by week 4 were every second day.

Outcome

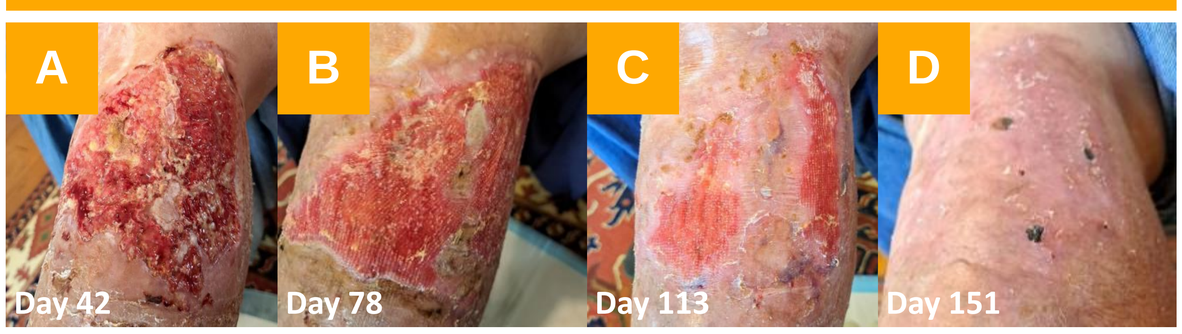
By week 5, 95% of the Haematoma on the skin tear had been removed, epithelisation around the edges and centre of the wound were presents. In wound 2 large amounts of the hematoma had also been removed. Week 8 the skin tear had reduced in size by 12%, and 69% at week 14. The haematoma had reduced in size by 70%. Week 17 the exudate levels were minimal, and the patient could now remove the dressings and shower prior to each visit from the nurse.

Lesson learned

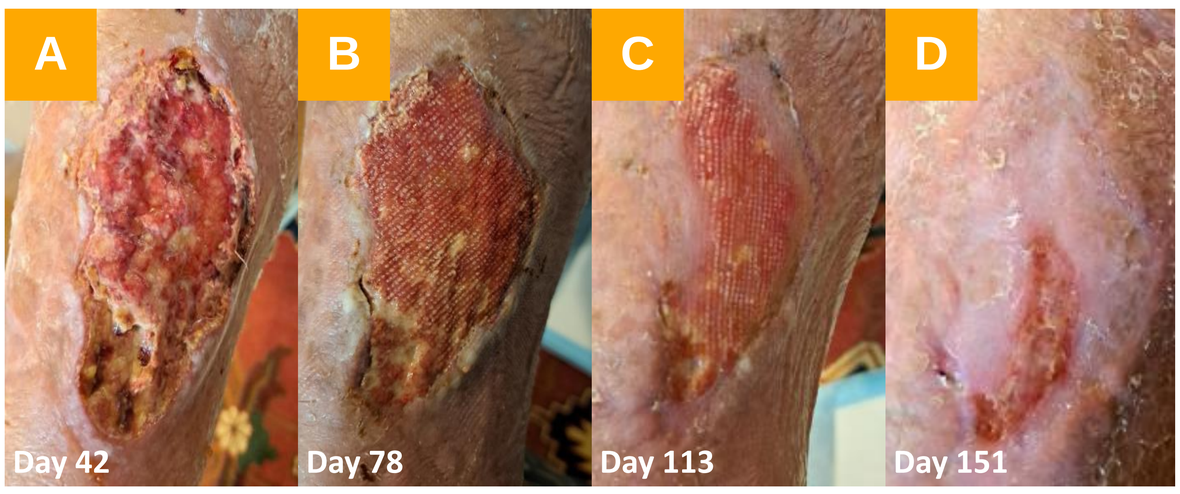
The challenging wounds were successful managed improving the patient's quality of life.

Pic. 1: Course of treatment

Pic. 2: Course of treatment (Wound 1)



Pic. 3: Course of treatment (Wound 2)



Treatment

Day 2 (Initial Visit – Pic. 1A): Vertical Steristrips were removed. The patient's skin was very fragile, and the surrounding area was dark red. The lower leg was covered with a superabsorbent dressing*, an elastic bandage, crepe bandage, and a tubular bandage. Due to the fragility, dressings were secured without adhesives using a stockinette.

Day 5 (Visit 2): Remaining Steristrips were removed from the skin tear, and an atraumatic gel forming contact net** was applied additionally. The hematoma was covered for protection, hoping it would dissolve.

Day 8 (Visit 3): Hematoma was drained after piercing the skin.

Day 11 (Visit 4 – Pic. 1B): Patient had shortness of breath and required an iron infusion (Hb 83). Skin tear flaps were fragile and possibly non-viable. Fluid under the skin was expressed.

Day 15 (Visit 5): The skin tear and congealed hematoma required debridement. The patient declined hospital admission for debridement and skin graft, opting for autolytic debridement.

Day 17 (Visit 6): Autolytic debridement with a gel dressing*** was initiated, with follow-ups three times weekly.

Day 22 (Visit 8): Wounds became malodorous, but the surrounding skin was not inflamed. Pain in the leg increased. Scheduled for review the next day.

Day 23 (Visit 9 – Pic. 1C): After autolytic debridement. The patient was more comfortable, though malodour persisted. Wound was dressed with the gel forming contact net and the superabsorbent dressing. Images were sent to the GP, and antibiotics were requested due to infection risk.

Day 24 (Visit 10): A 7-day course of antibiotics was started, and debridement continued.

Day 28 (Visit 14): Wound 1 **(Pic. 2)** had 95% of the hematoma removed with no odour. Wound 2 **(Pic. 3)** also showed significant improvement. Wounds more comfortable now dressed every 2nd day.

Day 36 (Visit 19): Large exudate and granulation buds were present in both wounds. Autolytic debridement continued.

Day 49 (Visit 24): Both wounds became malodorous, and a further 2-week course of flucloxacillin was prescribed.

Day 56 (Visit 27): Both wounds showed improvement, with clean wound beds.

Day 78 (Visit 34 - Pic. 2B/3B): Both wound had reduced in size.

Day 102 (Visit 41): Wound 1 had split into two areas. Size of wound 2 decreased further.

Day 124 (Visit 47): Minimal exudate from both wounds. Patient could now remove dressings and shower before visits.

Evaluation: Despite the complexity, autolytic debridement was successful. Only two antibiotic courses were required, and the patient avoided hospital admission. The patient was pleased with the progress.

*Vliwasorb® Pro, **Lomatuell® Pro, ***Suprasorb® G
Lohmann & Rauscher GmbH & Co. KG