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Suprasorb® CNP EasyDress and Suprasorb® CNP Drainage Film

Negative pressure therapy for an infected cat bite.

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Suprasorb® CNP

Controlled Negative Pressure

Case report

69-year-old man; hospitalised with abscess formation on the lower leg and tendon sheath inflammation with partial necrosis of the long peroneal tendon following a cat bite; three weeks prior outpatient antibiotic therapy using ciprofloxacin

Comorbidities:

- diabetes mellitus (type II, not insulin dependent)
- stage I PAOD, right leg
- nicotine dependence
- arterial hypertension
- obesity

Findings:

Two scars with no signs of irritation near the middle of the lower leg following a cat bite, each about 3 mm long; very red on the outer side of the right lower leg with fluctuance in the central area. Laboratory tests show elevated inflammatory parameters (leukocytes 14,300 G/L, CRP 10.9 mg/dL), ultrasound shows an anechoic mass in the form of an abscess.

Bacterial spectrum:

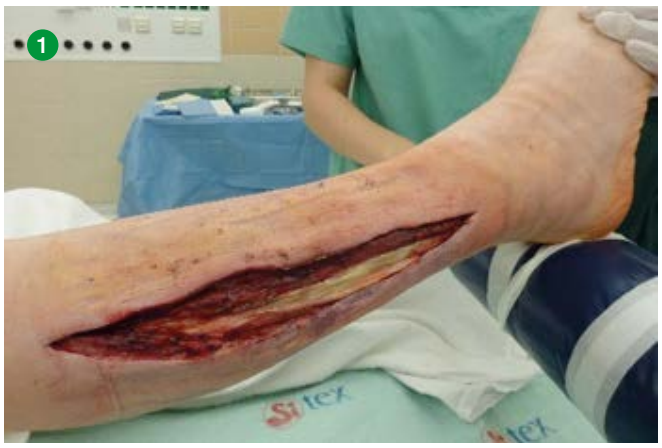
Pasteurella multocida (Gram-negative rods) antibiogram-guided antibiotic therapy with piperacillin and tazobactam over six days with subsequent conversion to oral cefuroxime. (14 days)

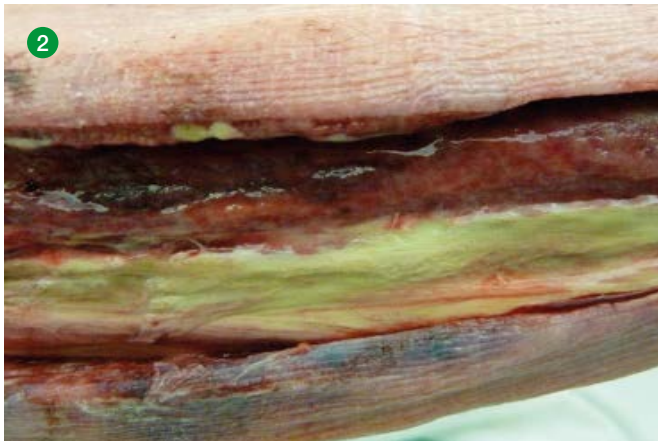
Course:

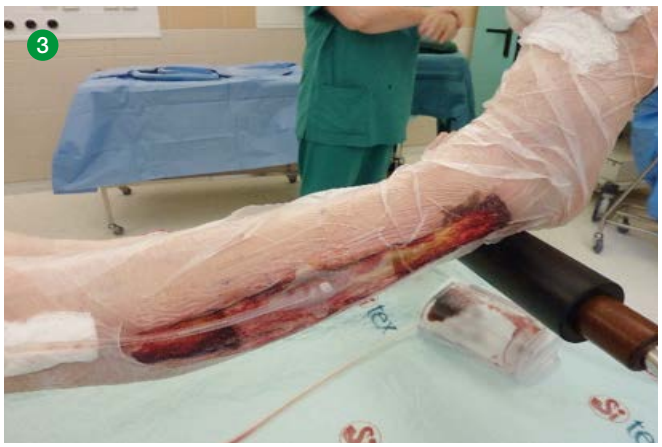
During surgery, a purulent creamy discharge is drained off. The abscess cavity extended deep into the musculature and down to the bone. The wound was first opened using an incision and counter-incision, rinsed and drained using a loop drain.

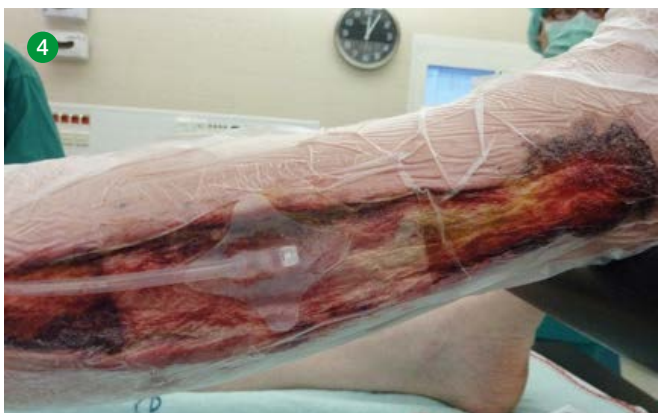
With increasing infection values and inflammation spreading in the soft tissue and the tendon sheath of the long peroneal tendon, radical, repeated debridement was carried out with successive extension of the incision from the knee to the outer ankle and subsequent placement of a negative pressure dressing using drainage film, gauze and EasyDress. The long peroneal tendon is necrotic in areas and has to be partly resected.

Max. extent of the wound after repeated debridement with necrotic peroneal tendon. (see Figures 1 and 2)





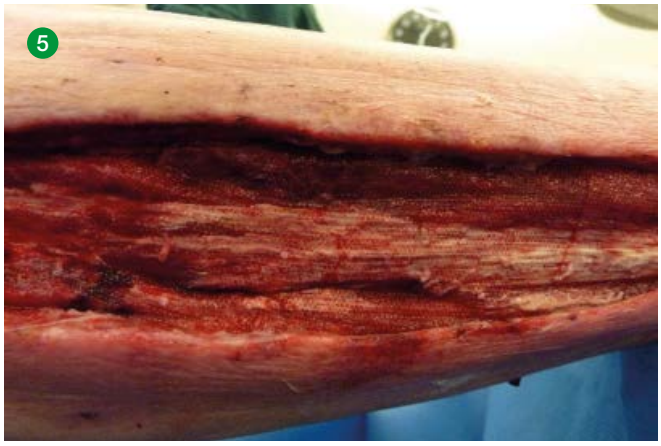


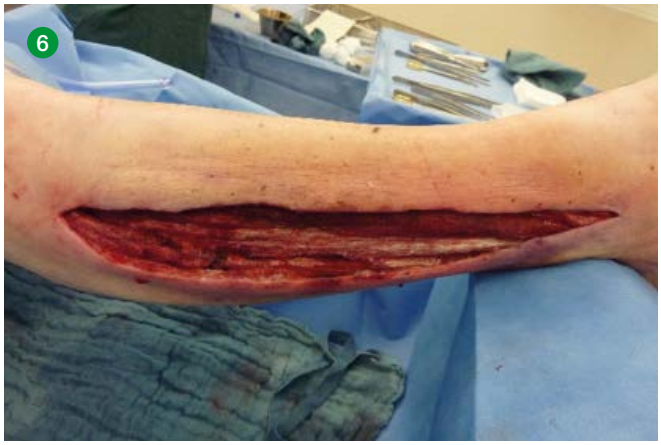


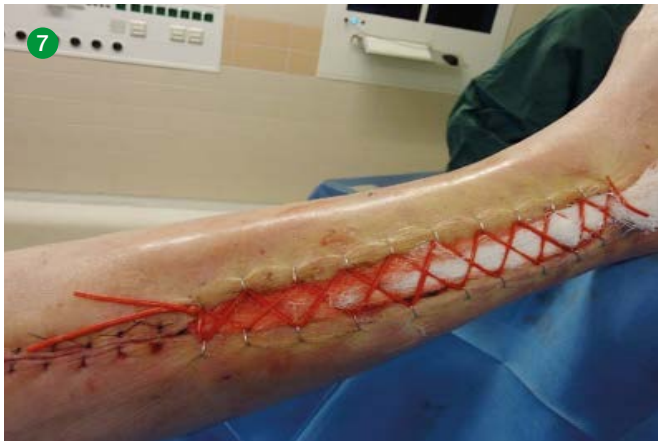
Placement of negative pressure therapy (Suprasorb CNP therapy) with direct application of the drainage film on the wound bed and tendon, gauze as a wound filler and EasyDress for occlusion with a continuous suction setting of -80 mmHg: (see Figures 3 and 4)

The first dressing change after three days: Significantly cleaner wound and visible incipient granulation with a noticeable negative imprint of the drainage film as evidence of even and extensive distribution of suction (see Figures 5 and 6).

After sufficient wound cleaning and wound bed conditioning, in the second dressing change, partial secondary suturing from the proximal and distal sides can be carried out together with a dynamic adaptive skin suturing of the widely gaping wound. (see Figure 7)







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The remaining defect above the ankle is covered with a split-thickness skin graft during the fourth dressing change (see Figures 8 and 9).

Mesh graft repair with placement of the Suprasorb CNP therapy to suction off the exudate and to achieve a uniform modelling pressure – continuous suction with negative pressure of -80 mmHg (see Figure 10).

The split-thickness skin graft is fully integrated. The patient can be discharged after a total of 4 weeks (12 days Suprasorb CNP therapy with 4 dressing changes) from inpatient therapy (see Figure 11).

Conclusion

The **drainage film** – originally intended for abdominal use – is exceptionally well suited for protecting sensitive structures such as the peroneal tendon in this case, while encouraging granulation with uniform fluid management and ensuring atraumatic dressing changes.

The **EasyDress** enormously simplifies and reduces the time needed to apply a negative pressure dressing on the extremities thanks to its sock-like shape. The water vapour permeability impressively prevents maceration of the skin, while at the same time ensuring reliable maintenance of the negative pressure.

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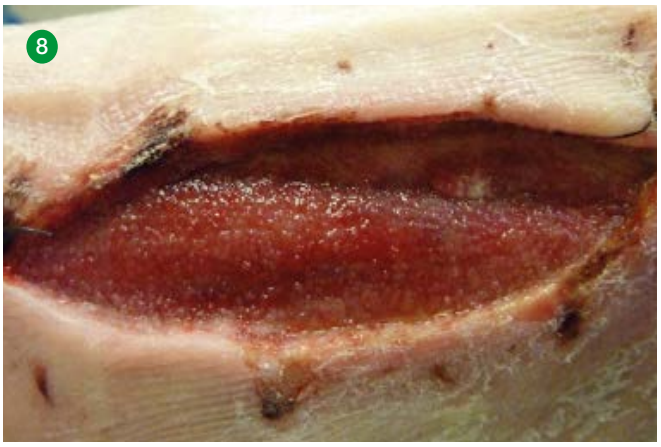

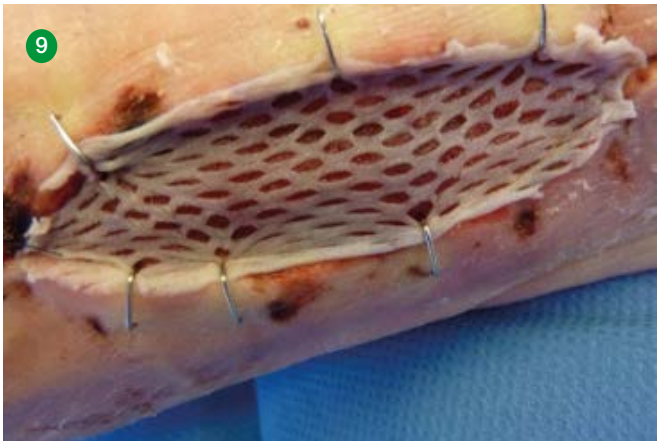

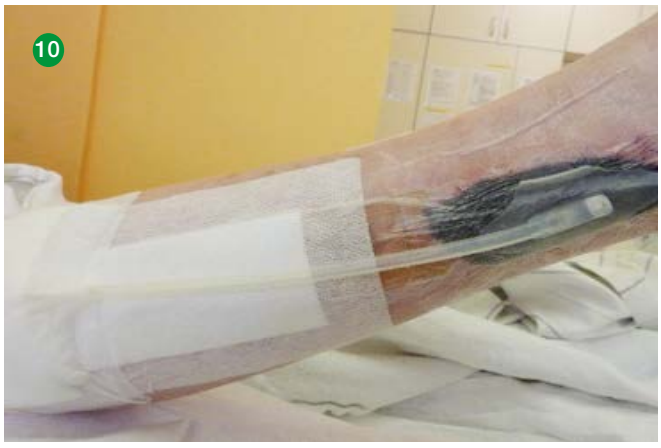

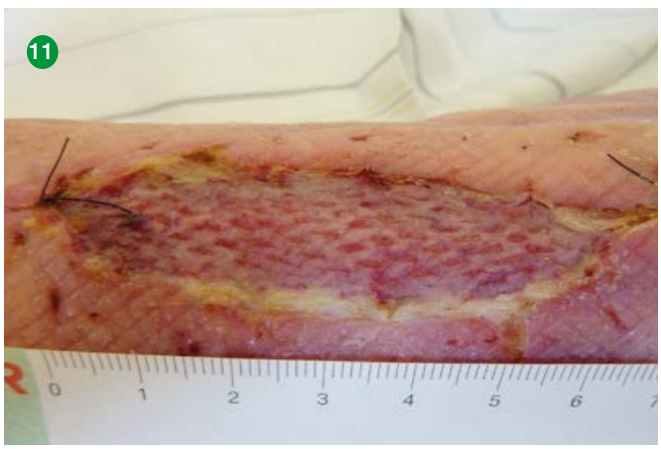

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