

Infected decubitus ulcer over the greater trochanter

Friedhelm Lang



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Diagnoses

- Infected decubitus ulcer with large abscess on the lateral side of the left thigh over the greater trochanter
- Anemia (Hb 10.7 g%)
- Known organic brain psychosyndrome
- Dementia

History and findings on admission

This report concerns an 89-year-old female patient referred to us with an infected decubitus ulcer. The patient was admitted to our outpatient department as an emergency, having had an open sore over the left greater trochanter for about one week. The patient was dependent on nursing care and was looked after at home by her son and daughter-in-law. Several pressure sores are already documented in the patient's medical records.

The examination revealed an open sore measuring about 8 x 5 cm on the lateral side of the left thigh. Under it a fluctuating abscess was observed, and the entire region was severely reddened. The abscess described above was located below the surface of the decubitus ulcer.

Treatment

- Opening of abscess
- Abscess excision
- Open antimicrobial wound management with Cutimed® Sorbact® (BSN medical)

Histological findings

Decubitus ulcer
No malignancy

Clinical laboratory tests on admission

Leukocytes 8,000
Hemoglobin 10.7 g%
Platelets 300,000

Clinical course

The inpatient course was uncomplicated. Already during the surgical procedure, following excision of the abscess, the wound had been dressed with a Cutimed® Sorbact® ribbon gauze. Daily dressing change with Cutimed® Sorbact® ribbon gauze. After five days, use of Cutimed® Sorbact® round swabs. Clean wound bed throughout the entire treatment, with some initial granulation visible.

The frequency of dressing change depended on the amount of wound exudate and was performed daily in the first few days and, after the signs of infection had subsided, every two to three days.

The bacteriological smear sample was found to contain no bacteria and no cells in the direct specimen test (Gram stain).

Staphylococcus aureus was detected in the culture test.

The bacteriological smear from the Cutimed® Sorbact® round swab showed detritus in the direct specimen test (Gram stain), and Staphylococcus aureus in the culture test.

Procedure

After discharging the patient from hospital we recommended continued open wound management, close clinical supervision and laboratory monitoring as well as use of Cutimed® Sorbact® dressing pads to prevent secondary infection.

Summary

With Cutimed® Sorbact®, we used for the first time a bacteria eliminating dressing free of active agents which due to its hydrophobic properties is capable of firmly binding detritus and microorganisms. In contrast to the widely used cotton-based tamponades, the material did not adhere to the wound and removed painlessly and atraumatically when moist.



Day 1

Pressure sore on admission before abscess incision and excision.



Day 4

Wound status immediately after removing the Sorbact tamponade. The wound margins are no longer reddened. Viscous exudate is still present in the wound bed.



Day 4

Several Cutimed® Sorbact® round swabs are placed in the wound to enlarge the bacteria absorption surface and covered with an absorbent dressing.



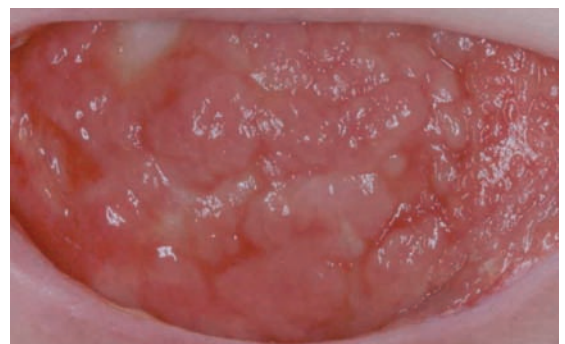
Day 11

Almost infection-free, already granulating wound conditions are observed. The treatment described is continued.



Day 14

Granulation continuing up to skin level.



Day 14

Close-up of the bulging granulation tissue.

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Note:

The product name Cutisorb® Sorbact® was changed to Cutimed® Sorbact® in 2008. The case reports were performed using Cutisorb® Sorbact® swabs and ribbon gauzes.