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A SILVER HYDROFIBRE DRESSING* FOR RECALCITRANT INFECTED RADIATION INDUCED AXILLARY ULCER

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Background: Radiation treatment can cause extensive ulcers, especially if the involved area contains radiation sensitive tumoral tissue. Those ulcers can contain infected necrotic tissue and are difficult to treat because of the radiation tissue injury.

Aim: To describe a case report of treating extensive radiation induced axillary ulcer with a silver hydrofibre wound dressing*.

Methods: A 69 years old female underwent radiation treatment for axillary breast cancer metastasis. She developed an ulcer with undermined space. The ulcer dimensions were 15X10 cm. She was referred to our clinic after a few months of futile treatment. The wound had a foul smelling purulent discharge that grew *Pseudomonas aeruginosa*. The wound was treated with a silver hydrofibre dressing* which was changed daily.

Results: After a few days of treatment the foul smell disappeared. The amount of discharge reduced gradually in few weeks and the wound area was reduced dramatically to 4X3 cm in 4 months.

Conclusions: A silver hydrofibre dressing* can successfully treat infected radiation induced ulcers.

*AquaCel Ag

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SKIN TEAR MANAGEMENT: ACCURATE INTERVENTION TO ACHIEVE AN OPTIMAL RESULT

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Aim: In the elderly skin changes can cause progressive atrophy and make these patients more susceptible to damage resulting in "skin tears". These are painful, acute wounds generally caused by friction and/or shearing, resulting in separation of epidermis from dermis. More than three-quarters of all skin tears can be classified as Category 1 where the skin flap can be replaced totally. Category 2 and 3 represent a partial and a total tissue loss respectively 1. An overview of a case study is presented of a patient who had a bleeding Category 1 skin tear, which was a difficult wound to treat.

Methods: Using a defined protocol, the dressing regime, management and progression to healing of this wound is explained and illustrated in a series of photographs demonstrating how a successful outcome was achieved.

Results: This study demonstrates the significant importance of time to treatment when replacing skin flaps in the treatment of skin tears. If there is a delay in the treatment, then there is a high risk of infection and necrosis. This study also highlights the use of dressings that allow observation of the wound and its surroundings without removal of the dressing, enabling tissue evaluation and early indication of any potential problems.

Conclusion: Skin tears in the elderly are common, painful and can be difficult to treat. A protocol using a primary contact dressing that can remain in place has demonstrated positive healing results in a short time.

