

P 229

THE TREATMENT OF A TROPHIC PLANTAR ULCER WITH THE COMBINATION OF TOPICAL NEGATIVE PRESSURE (TNP)* AND PROPER OFF LOADING

Csilla Santa, Judit Vasas, Gabor Szabad

Medical University of Szeged, Department of Dermatology and Allergology, Szeged, Csongrad, Hungary

Aim: Trophic plantar foot ulcers present a great challenge to wound care practitioners. This case report describes the application of multiple techniques for the treatment of a trophic plantar ulcer.

Methods: We report the case of a 24 year old female patient with trophic plantar ulcer under the right heel for over 5 years, presented to us with thick callus in zones of support and a mal perforant under the heel. Neuropathy was established in her right limb after a spinal decompression surgery. During the years of previous treatment one split thickness grafting and one flap surgery was performed, both unsuccessfully. We started the treatment with establishing proper off-loading using a diabetic air-cast walker system. This was combined with a modified TNP* heel adaptor.

Results: With continuous off-loading and the mini TNP* -heel adaptor system the ulcer healed in just 2 months time. Total healing was followed with the production of proper off-loading shoes and sandals.

Conclusions: This case report provides insight into the multiple treatment modalities of trophic plantar ulcers, emphasizing the importance of off-loading and the role of modern wound healing techniques.

*V.A.C.

P 230

TREATMENT OF LARGE PROSTHETIC POLYPROPYLENE MESH INFECTION IN OBESE PATIENT WITH NEGATIVE PRESSURE THERAPY – CASE REPORT

Marcin Tusinski, Andrzej Brzychozcy, Maciej Matlok

Second Chair of Surgery, JUMC, Krakow, Poland

Aim: The paper presents the successful management of large prosthetic polypropylene mesh infection after surgical repair of incarcerated incisional hernia.

Methods: 66 years old severely obese woman (BMI – 43) was presented to the hospital due to the large incarcerated incisional hernia 6 years after laparotomy. During the surgery there was no need for intestinal resection. The polycentric hernia was repaired with polypropylene mesh 35 cm x 25 cm size. Subsequently patient developed necrosis in the middle part of the wound resulted with mesh exposition on the area of 75 cm².

After the most part of infected necrosis was removed Negative Pressure Wound Therapy (NPWT) was began. The therapy was conducted without any particular set designed for NPWT. Our set consisted of sterilized polyethylene sponge, bidirectional drain, transparent adhesive membrane. Drain was connected to the container and attached to the wall vacuum via antimicrobial filter and pressure reduction. Pressure was set from about minus 110 to 80 mmHg. Bidirectional drain was also used for flushing with polyhexanidyne. At the beginning sponge was used together with nanocrystalline silver dressing put at the bottom of the wound.

Results: Wound closure was done in few steps starting from the ends with NPWT continued. Wound was closed two months after starting NPWT.

Conclusions: Literature in most cases advises mesh infection to be treated by its removal, which may cause the recurrence of the hernia. The literature contains just a few cases of successfully treated prosthetic mesh infection. NPWT should be considered in relevant cases.