HARD TO HEAL PRESSURE ULCER WOUND IN A PATIENT UNDER STEM CELL TRANSPLANTATION

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Introduction

A 10 year old boy with a Septic Granulomatous Disease suffering for 5 years from 3 pressure ulcer within the range of the thoracic and lumbar spine. Surgical interventions were not possible due to the inexistent immune defence prior the Stem Cell Transplantation (SCT). At arrival at our centre the size of the 3 wounds were 12cmx6cm, 30cmx10cm respectively 5cmx7cm.

Aim

The aim was the cleaning of the wounds according to the inexistent immune defence under the SCT as well as a preparation of the wound for any surgical intervention following the SCT.

Methods

Polymeric membrane dressings* contain ingredients which draw and concentrate healing substances from the body into the wound bed to promote rapid healing, while facilitating autolytic debridement. Furthermore they often provide wound pain relief. These dressings add moisture to dry wounds while absorbing excess fluid. Due to the high potential for a wound infection we chose the silver version in combination with the standard polymeric membrane dressing. Dressings were changed initially every 3 days and this interval was prolonged to every 5 days.

Wound 1: Thoracic spine Lumbar vertebral spine to right loin Lumbar spine after 1 week after 5 weeks

Results

No wound infection occurred at any time of the 8 weeks treatment. Photo documentation showed a remarkably reduction of wound sizes. Pain medication was reduced and stopped after 4 weeks of the treatment. Three months after commencing the treatment of polymeric membrane dressings all wounds had completely closed.

Conclusion

After suffering from multiple pressure ulcers for more then 5 years, changing dressings resulted in the complete closure of all ulcers in 12 weeks and saving the patient from plastic surgery.

after 8 weeks



Septic Granulomatous Disease, also called Chronic granulomatous disease (CGD) is a rare, inherited abnormality of the phagocytes of the immune system. The phagocytes do not function properly and are unable to kill harmful bacteria and fungi in CGD patients. Consequently, CGD patients suffer from repeated bacterial and fungal infections. Another common characteristic of the disease is granulomata (tumor-like masses of inflammatory tissue), which develop in many organs in response to chronic inflammation.

*PolyMem® Wound Dressings with and without Silver. Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored.