Case study
100-year-old lady with leg wound

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Introduction
This is a case study of a 100-year-old lady with a leg wound caused by a repair of a skin tear. She has a background history of unstable myocardial infarction and is being nursed in a medical ward. Her serum albumen was 34 g/l and her Hb was 9 g/dl. Wound swabs identified a high growth of Klebsiella and scant staphylococcus aureus. She was immobile and in considerable pain with an initial score of 8 on the Visual Analogue Scale (VAS). She was treated systemically with Augmentin and topically with an antimicrobial dressing (Suprasorb® X+PHMB, Lohmann & Rauscher). Following the reduction in bacterial burden, within six days pain levels were reduced to 3. She started walking and communicating and became more alert.

Start of case:
On referral, this sutured skin tear was clinically infected with necrotic tissue and an exposed tendon. The leg also showed signs of marked cellulitis. The pain ratio was 8 on the 1–10 VAS. Suprasorb® X+PHMB antimicrobial dressing was applied to reduce the pain, keep the tendon hydrated and treat the infection.

6 days later:
Suprasorb® X+PHMB in situ. The dressing was changed alternate daily and used with a secondary occlusive foam to keep the wound moist.

1. Normal practice in UK hospitals is to occlude infected wounds and monitor frequently.
2. The Suprasorb® X+PHMB hydrobalance dressing kept the tendons moist and prevented them from drying out.

The wound appeared clean with a reduced bioburden. The patient had a pain score of 3, she began communicating and was able to stand and walk.

8 days later:
Continued to progress. Swabs were sent to the laboratory.

11 days later:
Lab results revealed no significant bacterial growth.

Result:
Robust granulation tissue growing on the tendon.