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Definitive Coverage and Closure of a Full-Thickness Open Degloving Injury with a Next Generation Decellularized Dermal Allograft

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Surgical Summary

Clinical Presentation:

- Hospital referral for a 91 year-old female who sustained a fall from standing height, injuring her left upper extremity.
- Exam reveals a severe, full-thickness degloving injury involving the left posteromedial aspect of the left forearm, without fractures or tendon/nerve involvement. (Figure 1)

Intraoperative Findings:

- Full-thickness degloving injury involving the left posteromedial aspect of the forearm measuring 4 cm x 28 cm extending from the proximal aspect of the forearm distally to the dorsal ulnar aspect of the left hand, with exposure of subcutaneous fat, fascia and the distal ulna. No active infectious process or gross contamination.

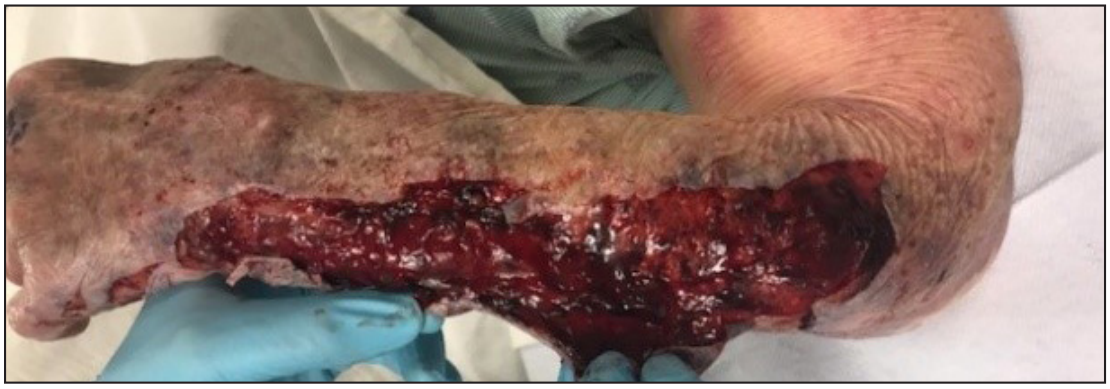

Figure 1. Open Full-Thickness Degloving Injury

Surgeon Perspective:

"DermaPure® provided a reliable and safe method of tissue coverage for this complicated wound in an elderly patient, whose skin quality was substandard and in whom we were trying to avoid the comorbidity of a secondary surgical site."

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Surgical Procedure:

- The left upper extremity was prepped and draped in a sterile fashion. No tourniquet was applied for the course of this procedure.
- The wound was irrigated and excisionally debrided with sharp dissection of skin and soft tissue, and then irrigated once again with copious amounts of sterile saline.
- Next, DermaPure® Decellularized Dermal Allograft was fenestrated and applied to the skin defect for definitive coverage. Sewn into place with absorbable suture. (Figure 2) A bolster dressing was applied, and a short-arm splint was placed.

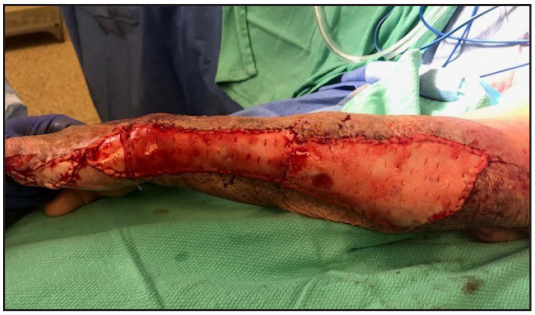

Figure 2. In the OR, Post Application of DermaPure®

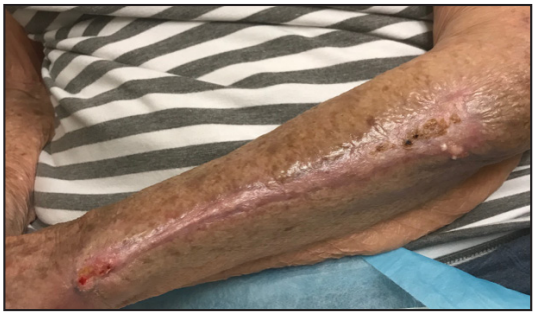

Figure 3. 12 Week Post-Op Visit

(2) 7 x 10 DermaPure®

Basement Membrane Side Outermost

Post-Operative Note:

- Patient discharged home in stable condition. Daily moist wound care instructions given.
- At the 11 day post-op visit, the wound was healing satisfactorily, and the DermaPure® decellularized dermal allograft appeared to be taking well.
- Patient continued to be seen weekly or bi-monthly to determine wound care needs which included, xeroform, wet to dry dressings, and Povidone-Iodine paints.
- At the 12 week post-op visit, wound closure was noted. (Figure 3)

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