

## Wide Excision of Axillary Hidradenitis Suppurativa With Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair, Providing an Environment that Supports Wound Healing

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### Surgical Summary

#### Clinical Presentation:

- Physician referral for evaluation of a 70-year-old female, with draining nodules involving the right axilla.
- The patient reports that this developed approximately 4 years ago and has progressed slowly over this timeframe, with worsening symptoms over the last year. The worsening symptoms include the following:
  - Moderate to severe tenderness to touch
  - Purulent drainage with foul smelling odor
  - Aggravated by axillary hidrosis
- The referring physician prescribed Doxycycline hyclate 100 mg orally 2 times daily for 10 days.
- Examination reveals chronic Hidradenitis Suppurativa with significant scarring in bilateral axillae with a small draining lesion in the right axilla. (Figure 1)

#### Intraoperative Findings:

- Axillary scarring and chronic draining sinuses.



**Figure 1.** Right axilla at the time of initial examination



**Figure 2.** Intraop - right axilla post excision of the skin and subcutaneous tissue

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dCELL technology

## Surgical Procedure:

- Patient was placed in supine position on the operating table. General anesthesia was administered, and the right axilla was prepped / draped in the usual sterile fashion. The right axilla was infiltrated with 20 ml of 0.25% Bupivacaine.
- An incision was made around the entire large area of scarring in the right axilla. A cautery was then used to divide the skin circumferentially; the skin and subcutaneous tissue were removed creating a 15 cm x 10 cm wound. (Figure 2)
- Once hemostasis was achieved, a fenestrated 7 cm x 10 cm DermaPure® decellularized dermal allograft was sutured to the wound with 3-0 Vicryl® suture. (Figure 3)
- Skin flaps were created along the lateral aspect of the wound. The inferior aspect of the wound was closed with interrupted 0-Vicryl® suture. The skin was closed with 2-0 nylon vertical mattress sutures. The lateral aspect of the wound along the arm was closed in a similar fashion.
- The area of the wound with DermaPure® was left open, secured to the skin edge with 4-0 Monocryl® suture. (Figure 4)
- A non-adherent primary dressing (Adaptic®) and a gauze bolster dressing were placed over DermaPure® and covered with an ABD pad and tape.



Figure 3. Application of DermaPure®.



Figure 4. Inferior aspect closed. The area with DermaPure® remained open.

DermaPure® Implantation  
7 cm X 10 cm  
Basement Membrane  
Outer-Most

## Post-Operative Note:

- Patient discharged home with home healthcare. No dressing changes for the first 7 days, followed by daily wound care consisting of a non-adherent dressing and ABD pads, taking caution to not disturb DermaPure®.
- At the 2 week post-op visit, DermaPure® appeared to be taking well. Wound management changed to calcium alginate dressings.
- At the 6 week post-op visit, DermaPure® was completely integrated, with noted reduction in surface area and 100% granulation tissue.
- At the 5 month post-op visit, the wound was completely closed.

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