THE ROLE OF AN ENZYME ALGINOGEL® (FLAMINAL® FORTE) IN THE MANAGEMENT OF NECROTIZING SOFT TISSUE INFECTIONS (NSTI)

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Introduction

The Burn Centre/ICU of the University Hospitals Leuven has seen a significant rise in patients referred with necrotising soft tissue infections from 0-3 to 15-25 per year over the last 15 years. Hospital mortality is 10%. The multi-disciplinary therapy includes prompt and aggressive surgical excision, triple antibiotics and for some patients prolonged mechanical ventilation, haemodynamic support (including ECMO), immune globulins and haemodialysis.

Objectives

The aim of this case report is to present our centres' wound treatment strategy for NSTI, standardised over the last decade. A 52 year old male patient was admitted with an NSTI affecting the right scapular region. After initial excision, the wound had a TBSA of 9%, extending from the right upper arm over the axilla to his back and reaching into the muscle.

Methods

The wound treatment entails 3 major aspects: hydrotherapy, application of an Enzyme Alginogel® (Flaminal® Forte) and negative pressure wound therapy (VAC). Initially the patient received daily hydrotherapy therapy; rinsing and cleaning the wound with a Hibitane solution 0,05% on a shower trolley followed by application of the Enzyme Alginogel®. Subsequently VAC therapy promoted granulation in the wound and wound cavities, preparing the wound for skin grafting. VAC therapy was interrupted every 4 to 5 days by 2 days of Enzyme Alginogel® application. All wound care procedures included hydrotherapy. A combined approach aimed at optimizing neovascularisation, granulation and mechanical reduction of bacterial load and debris.

Results

This complex and extended wound could be grafted after only 5 Weeks of multimodal wound care.

Conclusion

The combination of hydrotherapy, Flaminal® Forte and negative pressure wound therapy enables wound preparation for skin grafting even for the deep and complex lesions generated by aggressive resection of NSTI.

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