A CASE STUDY ON THE USE OF PRONTOSAN SOLUTION AND GEL IN THE TREATMENT OF NECROTISING FASCIITIS

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Abstract

Necrotising Fasciitis is a rare but serious bacterial infection that destroys the skin and soft tissues, characterised by widespread fascial necrosis.

Most common cause is infection by a group of A streptococcal (GAS) bacterium, most often being streptococcal pyogenes.

Introduction

Necrotising Faciitis is uncommon but has around a 30% mortality rate. The incidence in the UK is estimated at 500 new cases each year.

This case study follows a patient with Necrotising Fasciitis and the overwhelming results achieved using Prontosan solution and gel.

A 68 year old lady attended Hairmyres Hospital A&E department. She had fallen off a chair and hit her head on the corner of a table sustaining a laceration to the right side of her head. The wound was cleansed and clips were inserted to close the wound and she was discharged home.

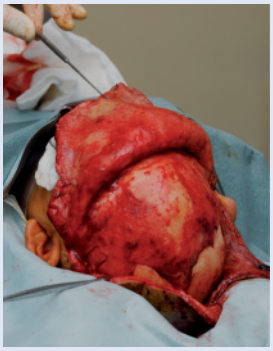
3 days later she presented again at A&E and was vomiting and shivery with a temperature of 38.3°C. She was slightly confused and was subsequently diagnosed with a urinary tract infection and was admitted for I.V. antibiotics.

The next day she began to complain of a headache, haematoma was noted on right side of scalp and occipital area, Maxillo facial surgeons were asked to take a look. Over the next 24hrs there was increased facial and periorbital swelling with a purulent discharge coming from the scalp. She was seen by Maxillo Facial team and a C.T. was ordered showing gross oedema of head and neck.

Emergency theatre was scheduled for debridement of the wound and was transferred to I.T.U. where she was ventilated. No improvement was noted and she was subsequently taken back to theatre over the next 2 days for further debridement.

Her condition gradually improved over the next 10 days and it was decided that she was now fit to be transferred to Maxillo Facial ward at Monklands Hospital for possible skin grafting of scalp.

On admission to the ward the swelling increased over the post auricular area and her skin became very erythmatous; the swelling was aspirated and closely monitored. Over the next few days swelling persisted and further drainage and aspiration were carried out. A decision was made to begin cleansing and debriding the wound in preparation for theatre for full thickness skin grafting of scalp.



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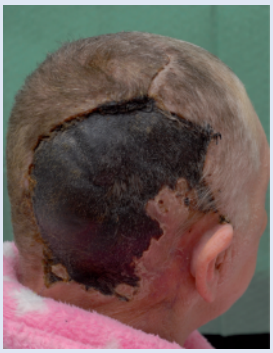

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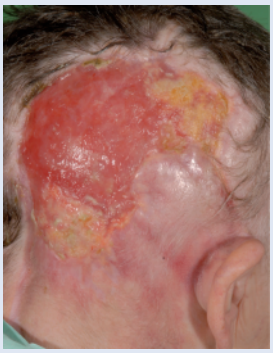
Method

The wound was cleansed with Prontosan solution and swabs soaked in the solution were placed on necrotic area for 10 minutes. Debridement of the wound was carried out as tolerated and Prontosan gel was applied to and under necrotic area where allowed. The wound was then dressed with Mepitel and Allevyn adhesive. This was carried out daily in the treatment room in the ward.

Over the next few weeks there was a massive reduction in necrotic tissue and granulation was clearly evident. It was decided at this point that skin grafting would be postponed and we would continue with current method of treatment. The lady was discharged home and returned to the treatment room every alternate day for wound debriding and dressing.

It was evident over the coming months that skin grafting was no longer required as the wound was improving week by week. Visits to the treatment room were gradually reduced until it was only required on a weekly basis as the wound had practically healed.



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Conclusion

With the use of Prontosan products I believe that they helped to debride the wound and help prevent any further infection. The scalp wound healed completely avoiding the need for further surgery and the lady has now made a full recovery. Her hair is now beginning to grow back as we initially thought she would have to be fitted for a wig.

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