

► Case Report

Treatment of an Abdominal Wall Dehiscence (AWD) with Geistlich Derma-Gide®

Patient Background

- > 64 year old female
- > History of diabetes and obesity
- > Abdominal skin excess

Case History

The patient underwent a panniculectomy due to abdominal skin excess.

Post-operatively the patient later developed a lower abdominal wall dehiscence (AWD) due to skin necrosis surrounding the incision site.

Case Summary by Paul M. Glat, MD, FACS

The AWD was assessed and subsequently treated conservatively with negative-pressure wound therapy (image 1). The patient was found to be non-compliant with the use of vacuum-assisted closure (VAC). The initial AWD wound size of 8cm x 10cm was seen to have stalled and Geistlich Derma-Gide® was used in an effort to promote the formation of granulation tissue to support complete wound closure (image 2).

During the continued treatment of the wound a second 3cm x 4cm Geistlich Derma-Gide® was placed in the tunneling area and at the deepest part of the wound where granulation tissue had not formed (images 3 & 4). Negative-pressure wound therapy was used with the application of Geistlich Derma-Gide®. Following the 2nd application of Geistlich Derma-Gide® (image 4) significant wound size and wound depth reduction was observed (images 5, 6, 7). Once the wound had minimal depth, the wound VAC (image 7) was discontinued primarily due to patient non-compliance. The wound was found to be closed 3 months after initial Geistlich Derma-Gide® treatment (image 8). The wound remained closed 14 months after complete wound closure.



Paul M. Glat, MD, FACS

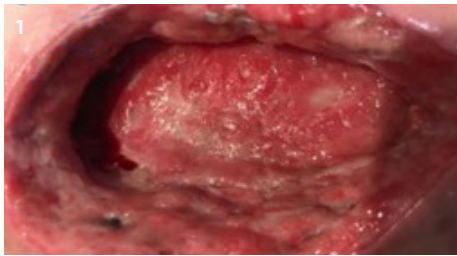
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Dr. Glat is a Board-Certified plastic and reconstructive surgeon. Dr. Glat works in private practice and since 2008 serves as the Chief of Plastic Surgery and the Director of the Burn Unit at St. Christopher's Hospital for Children in Philadelphia. As an internationally renowned wound and burn specialist, he coordinates the annual John A Boswick Burn and Wound Care Symposium in Maui, Hawaii.

“Geistlich Derma-Gide® initiated the formation of granulation tissue in this complex and deep wound and subsequently facilitated wound closure.”

Clinical Case Documentation

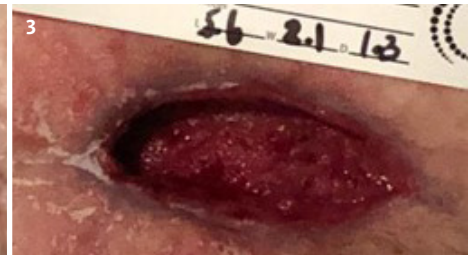
- > Patient shown to have accelerated healing post Geistlich Derma-Gide® application with significant improvement of wound size and depth being observed
- > The patient achieved wound closure 3 months post Geistlich Derma-Gide® application
- > The wound remained closed 14 months post-closure



Day 0: Initial Presentation
Assessment of wound dehiscence and subsequent treatment with wound VAC.



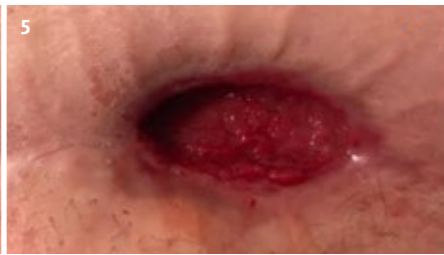
Day 15: Application
A 3cm x 4cm Geistlich Derma-Gide® was applied in the deepest and tunneled aspect of the wound.



Day 26: Follow-up Visit
Decreased wound size and improvement in undermining cavity edge was observed.



Day 26: Second Application
To continuously support granulation tissue formation and wound closure a second 3cm x 4cm Geistlich Derma-Gide® was placed in the deepest and tunneled aspect of the wound.



Day 40: Follow-up Visit
Significant wound closure and reduced wound depth observed.



Day 54: Follow-up Visit



Day 100: Follow-up Visit



Day 118: Complete Wound Closure



14 Month Follow-up Visit: Wound Remains Closed



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