NO 27 SORBACT® CLINICAL CASE
Pilonidal Cyst

THE PATIENT
13 year old girl.
Presented with non-healing wound of one-year duration after Pilonidal Cyst excision. Initially when ween, patient had multiple draining fistulas with a history of recurrent infections that had not responded to previous multiple debridements and wound care.

THE TREATMENT
Prior treatments included NPWT with foam, NPWT with gauze, oral antibiotics, as well as traditional local care treatments. The patient then underwent excision of non viable tissue extending to the sacral bone. Initially the patient had NPWT treatment with Sorbact® for reduction of the wound volume. Two weeks after NPWT application the patient was converted to Sorbact® Advanced Wound Care dressings allowing for a continuum of care with the same modality. The patient had rapid disposition of healthy granulation tissue. After 4 weeks a skin graft was preformed and Sorbact® was directly applied to the graft. With healing completed by application of a skin graft. Complete healing transpired over a 6 weeks.

A. Intraoperative view after excision of chronic infected skin and sinus tracts.
B. Two weeks after application Sorbact® with NPWT
C. After Application of Sorbact, just prior to skin graft.
D. At six weeks, wound was healed.