

NO 28 SORBACT[®] CLINICAL CASE

Necrotizing Fasciitis

WOUND TYPE

Necrotizing Fasciitis

PRODUCT

Sorbact[®]

COUNTRY/LOCATION

USA

TREATMENT PERIOD

Wound 1: 9 June - 16 September

Wound 2: 19 June - 8 August

THE PATIENT

60 year old male.

Post-Phlebotic Syndrome (right calf), Severe Sepsis, Right Lower Extremity Cellulitis, Necrotizing Fasciitis, Guillain-Barre Syndrome, Myasthenia, Arthropathy, PVD, Right Lower Extremity Pain, Pleural Effusion, H/O MVA with resection of Gastrocnemius muscles. This was a patient in extremis with imminent risk of losing his limb. He presented with chronic edema and serial wounds for the past 30 years.

WOUND HISTORY

Patient received VAC[®] therapy in the hospital post-operatively.

THE TREATMENT

Wound 1

Sorbact[®] was applied to the right (distal) end of the wound with gauze applied to the left (proximal) end. For ethical concerns, after 2 weeks and 5 dressing changes, the rapid healing on the Sorbact[®] side required the controlled study to end and Sorbact[®] to be applied to entire wound.

Results: 94,7% wound resolution in 91 days.

Wound 2

Results: 100% wound resolution in 53 days healing of the right medial leg wound with Sorbact[®] dressing.

