CASE STUDY

Extremely Painful Pilonidal Cyst Infection Resolved Quickly and Easily Using New Reinforced PolyMem Wic Silver® Rope Cavity Filler

WITH THE USE OF POLYMEM WIC SILVER ROPE CAVITY FILLER, WOUND PAIN DECREASED FROM 10/10 TO 1-2/10

ONE MONTH OF MANAGEMENT WITH POLYMEM WIC SILVER ROPE, WOUND IS SUPERFICIAL; READY FOR FLAP SURGERY
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PROBLEM/GOAL
Choosing the proper dressing for managing extremely painful deep acute infected wounds can be very challenging. In this example case study, an otherwise healthy 17-year-old girl suffered from a recurrent pilonidal cyst (the first episode was 2 years ago). In the emergency room, a 1.0 cm skin incision was made over the cyst, the pus was drained and 3 feet of gauze packing strips were inserted into the cavity. The patient was instructed to remove the packing after 5 days. The patient came to our clinic complaining of severe pain (VAS score of 10/10): too great to permit her to touch the wound, much less remove the packing. The author infiltrated the entire area with lidocaine, but even with the local anesthetic it took ~30 minutes to gently remove the foul-smelling pus-laden packing from the very tender site. The periwound area was hot, edematous, indurated and erythematous.

RATIONALE/MATERIALS
Severe pain and tenderness, a small opening and a large, infected, poorly drained, undermined cavity are factors which needed to be addressed. PolyMem dressings can significantly reduce wound pain by inhibiting the nociceptor response at the application site. These flexible non-adherent dressings donate or absorb fluid to provide optimal wound bed moisture, promoting the quick formation of healthy granulation tissue. They continuously cleanse wounds, usually eliminating the need for painful manual wound cleansing at dressing changes. The silver versions kill bacteria. Due to its supporting mesh and small diameter, the new mesh-reinforced PolyMem Wic Silver Rope cavity filler can be easily introduced into a narrow opening, even by patients and family members.

METHODOLOGY
The 1.0 cm x 1.0 cm x 4.0 cm deep wound with 4.0 cm of undermining from 8 o’clock to 5 o’clock was flushed thoroughly with saline to remove all of the bloody pus. A piece of PolyMem Silver Wic Rope cavity filler was gently inserted into the deep cavity wound and the excess material was cut off. The patient also received oral antibiotics. Dressing changes, with no additional wound cleansing, were performed every three days.

RESULTS
The patient had no difficulties removing and replacing the PolyMem Wic Silver Rope cavity filler as instructed after three days. At the 6-day follow-up visit, the pain had decreased from the previous 10/10 to 1-2/10. The infection had resolved, the periwound skin was healthy, and the cavity had decreased from 4.0 cm to only 2.0 cm deep. The original sinus closed, appearing as a dimple 1.0 cm below the surgical incision. At 12 days the pain was 0/10 and the cavity was only 1.0 cm deep with no undermining. At one month, the wound was ready for a flap procedure to prevent further recurrences.

CONCLUSION
A user-friendly way to support healing in deep and undermined acute infected wounds has long eluded wound specialists. The new PolyMem Wic Silver Rope cavity filler addressed all of the problems of these wounds in this very challenging case.
OBJECTIVES

1. Outline the difficulties common to dressing acute infected wounds with small openings and large undermined cavities.

2. List the advantages of using the new mesh-reinforced PolyMem Wic Silver Rope cavity filler, which is very easy to insert and remove, to dress these wounds.

3. Recognize that PolyMem dressings directly address both wound pain and wound cleansing: two problems which are often particularly challenging in acute infected cavity wounds.

DEC 12, 2008
Inflammation decreased rapidly. The patient had no difficulties removing and replacing the non-adherent PolyMem Wic Silver Rope cavity filler as instructed after three days. The spent dressing absorbed the slough, leaving a clean, moist wound bed.

DEC 18, 2008
The patient’s pain quickly decreased from 10/10 to only 1-2/10. The cavity depth had already decreased from 4.0 cm to only 2.0 cm, and the periwound tissue was now healthy. The original sinus closed, appearing as a dimple 1.0 cm below the surgical incision.

DEC 18, 2008
The supporting mesh and small diameter make it easy to introduce the new mesh reinforced PolyMem Wic Silver Rope cavity filler into a narrow opening. The dressings can be cut lengthwise for especially narrow tunnels.

JAN 15, 2009
At one month, the wound was superficial: ready for a flap procedure to prevent further recurrences. The pain relief, moisture balance and continuous cleansing afforded by the PolyMem Wic Silver Rope cavity filler was extraordinary.

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