Case Report
Hidradenitis Suppurativa

NovoSorb® BTM
Biodegradable Temporising Matrix

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Reconstruction of a large soft tissue defect to the left axilla, following failed conservative treatments of severe hidradenitis suppurativa.

NovoSorb® BTM was used for a staged soft tissue reconstruction in a 49-year-old male with severe bilateral axillary hidradenitis suppurativa. Surgical options were discussed with the patient after the failure of conservative treatments and NovoSorb BTM was selected to aid the soft tissue reconstruction. The resulting outcome of the wound demonstrated soft, stable tissue without contracture and with full shoulder range of motion (ROM).

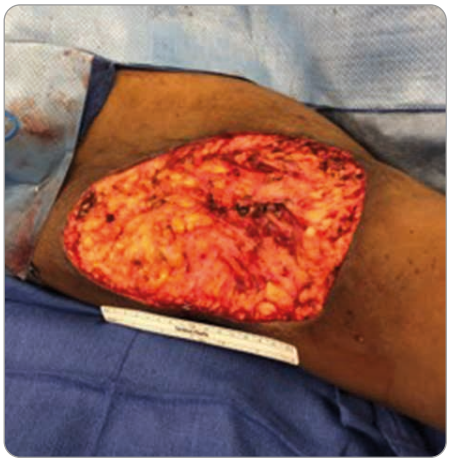

Figure 1: Post-operative resection; initial presentation of soft tissue loss.

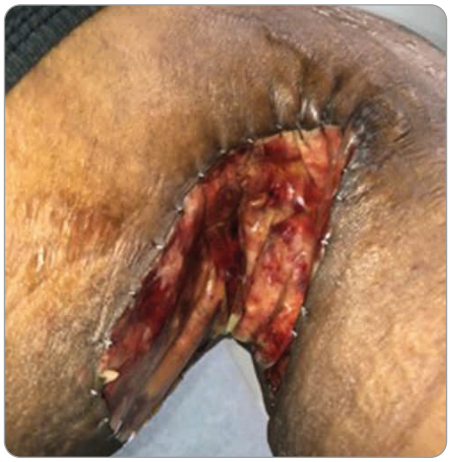

Figure 2: Day 6 post NovoSorb BTM application; small areas of purulent fluid are expressed.

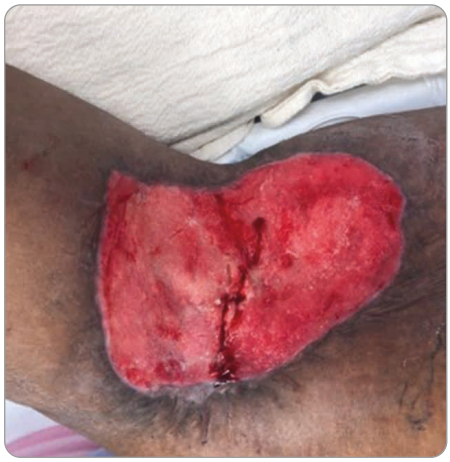

Figure 3: Day 27 post NovoSorb BTM application with exposed neodermis; appears well vascularised and ready for definitive closure.

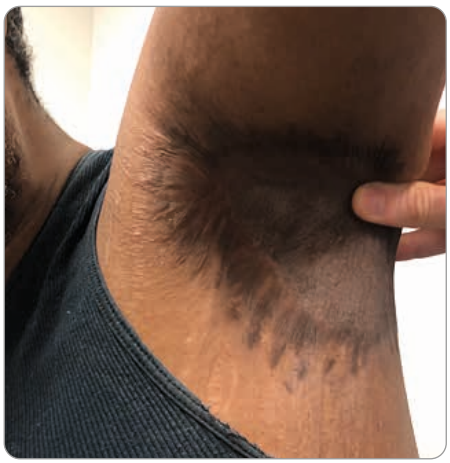

Figure 4: 1 year post grafting; full range of shoulder motion demonstrated.

Video Graphic

See supplemental video display wound appearance at 1 year post grafting where supple reconstruction and full range of shoulder motion is demonstrated.

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Background

A 49-year-old African American male with a two year history of severe bilateral axillary hidradenitis suppurativa underwent treatment of his left axilla. Operative debridement and excision of all affected tissue resulted in a 20×15 cm soft tissue defect (Fig. 1). The patient had no associated medical comorbidities prior to surgical treatment. After failure of conservative treatments, surgical options were discussed with the patient; because he was experiencing increased pain affecting shoulder ROM and impacting his ability to work and perform daily activities. Traditional reconstructive options for a wound of this size would include resection, negative pressure wound therapy (NPWT) dressing for 5 to 7 days, followed by immediate or staged skin grafting. NovoSorb BTM was selected as an alternative treatment method for the reconstruction to minimise the risk of graft loss from persistent infection, limit contracture, and improve ROM.

Treatment

Aggressive surgical resection was performed on all affected skin and subcutaneous tissue, extending to the superficial axillary fascia. The wound was irrigated with saline and NovoSorb BTM was applied with staples. It was then dressed with NPWT bolster type dressing.

The patient was discharged the same day postoperatively with a five day course of oral antibiotics. On day 6 post NovoSorb BTM application, a small collection of purulent fluid was noted in a few small areas under NovoSorb BTM and were drained by a small incision to the sealing membrane (Fig. 2). NPWT was discontinued and the patient was transitioned to local wound care with antiseptic dressings. The patient was then referred to physical therapy to start formal ROM teaching and home exercises. At the subsequent clinic visit on day 13 post NovoSorb BTM application, antiseptic dressings were discontinued and redressed with gauze.

At 27 days post NovoSorb BTM application, excellent revascularisation was noted, the sealing membrane was removed, and a skin graft was scheduled for day 33 post NovoSorb BTM application (Fig. 3). A curette was used to gently refresh the neodermis and prepare the wound bed for a skin graft harvested at 12/1000th of an inch and meshed 1.5:1. Hemostasis was obtained and NPWT was applied for 4 days before first graft check, at which time 90% graft take was noted. Daily dressing changes started with antibiotic ointment and petrolatum impregnated dressing.

On day 20 post grafting, the patient was lost to follow-up and returned on day 293 post grafting. At that time, complete take of the graft was visible, the patient had full active shoulder ROM, and the skin was noted to be soft and pliable.

Outcome

At 1 year post skin grafting, soft tissue reconstruction was successful with the use of NovoSorb BTM. The skin was soft and supple without surrounding scar contracture, and the patient demonstrated full shoulder ROM (Fig. 4). NovoSorb BTM provided a viable option for treating hidradenitis suppurativa and offered an improved long-term outcome for this patient.

NovoSorb BTM is designed to temporise the wound and facilitate the construction of a vascularised neodermis, ready for definitive closure.
NovoSorb BTM is indicated for full or deep partial thickness burns and wounds, surgical and reconstructive wounds and traumatic wounds.
For full device details, including indications, contraindications, warnings and precautions, refer to the Instructions For Use, available at **polynovo.com**

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