Management of a surgical wound using Flaminal® Forte following removal of an atypical lesion of the scalp

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Introduction

Atypical skin cells refer to a unusual looking lesion such as a mole and are known in dermatology terms as atypical melanocytic naevus. Their characteristics usually include ill-defined or blurred borders, irregular margins resulting in an unusual shape, varying shades of colour and often have flat and bumpy components. They typically occur on areas of the body that have prolonged exposure to the sun and may develop at any time of life but commonly emerge within the first fifteen years of life. People who have five or more atypical naevus have a higher risk than the general population of developing skin cancer. Melanocytic naevus are harmless however definite diagnosis is difficult, even for an experienced dermatologist, and a melanoma can often not be excluded, especially if they have atypical characteristics, consequently an excision biopsy is often performed[1].

This case study presents an 87-year-old male who has a medical history of type 2 diabetes, hypertension and has a BMI of 37.7 which indicates obesity. The patient was found to have a brown pigmented anomaly on upper aspect of his forehead. Atypical cells were found during a biopsy procedure which led to fast-track surgical removal. Wide excision surgery was required and as a result only partial closure was achieved due to the amount of tissue loss, subsequently suturing was only performed at either side of the wound edge.

The wound measured 6cm x 5cm post-operatively and failed to progress through the expected healing process. The development of eschar occurred and concealed the entire wound bed; eschar is the term used to describe hardened, devitalised tissue. Prior to being referred to the Tissue Viability Specialist Nurse the wound had been cleansed with water and then dressed with dry gauze and adhesive tape to secure and protect. The patient was subsequently referred to the community Tissue Viability Specialist Nurse.

Method

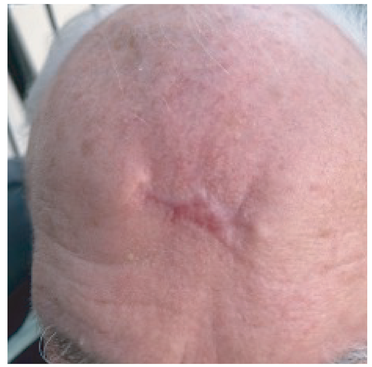
The patient had been commenced on prophylactic antibiotic therapy by the surgical team due to the openness of the wound and high risk of infection. The treatment aims considered by the Tissue Viability Specialist Nurse was to reduce the risk of infection, support autolytic debridement of the devitalised tissue without the need of a secondary dressing. The patient had previously experienced skin irritation from adhesive dressings and found them to be uncomfortable. It was also noted that these dressings had continuously fallen off whilst the patient was in bed due to the wound location.
The Tissue Viability Specialist Nurse's commenced Flaminal® Forte, which was applied directly to the affected area daily; a secondary dressing was not required. The patient was advised to shower daily to remove any excess residue of Flaminal® Forte.

Flaminal® was selected for its antimicrobial properties and ability to support autolytic debridement of devitalised tissue and in doing so, encouraging the growth of healthy granulation tissue and facilitating wound closure. Consideration was given to its simplistic application, which subsequently endorses a patient and family centred approach to care, reducing the need for home visits from the healthcare team.

1st Sept 21

15th July 24

29th July 24



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Result

At the stage of commencing Flaminal® Forte as the sole primary dressing, the wound measured 5cm x 4cm and presented with a 100% eschar. The Daily application of Flaminal® Forte continued for a period of 5 weeks thereafter, at which point complete wound healing was achieved. Wound management remained uneventful throughout the healing trajectory and the Tissue Viability Specialist Nurse's treatment aims were all achieved.

Discussion

The incidence of atypical melanocyte proliferation is unknown because of the absence of a histopathological diagnosis code among institutions; however, these lesions are not uncommon in clinical practice[2]. People with atypical naevus are advised to self-examine their skin for new lesions and for changes in existing moles that might indicate melanoma.

Conclusion

Devitalised tissue acts as a reservoir for microorganisms and biofilm formation, impeding wound healing and increasing the risk of wound infection. This case study validates the effectiveness of Flaminal® Forte's ability to support autolytic debridement and as a result reduces the risk of infection and expediates wound healing.

Flaminal® Forte is a unique dressing that provides antimicrobial protection and that due to its unique composition can be used throughout the wound healing continuum, aligning to antimicrobial stewardship programs. Its ease of application helps to streamline the wound care process by enhancing patient comfort, facilitating self-care and improving clinical outcomes and quality of life.

References

1. Ngan, V. & Oakley, A. (2003) Atypical Melanocytic Naevus. DermNet. https://dermnetnz.org/topics/atypical-melanocytic-naevus
2. Nybakken, GE. Sargen, M. Abraham, R. Zhang, PJ. (2013) MITF accurately highlights epidermal melanocytes in atypical intraepidermal melanocytic proliferations. American Journal Dermatopathol 2013;35:25–9 www.ncbi.nlm.nih.gov/pmc/articles

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