Extremely Painful Pilonidal Cyst Infection Quickly and Easily Using New Reinforced Rope Dressing*

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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 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 area was infected and the entire area with itching, 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 need to be addressed. Polymeric membrane 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 moist wound bed. The supporting mesh and small diameter, the new mesh-reinforced silver polymeric membrane rope cavity filler can be easily introduced into a narrow opening, even by patients and family members.

METHODOLOGY
The 1 cm x 1 cm x 4 cm deep wound with 4 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 Rope. 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 polymeric membrane rope cavity filler as instructed after three days. At the 6-day follow-up visit, the pain had decreased to the previous 10/10 to 1-2/10. The infection had resolved, the periwound skin was healthy, and the cavity had decreased from 4 cm to only 2 cm deep. The original sin closed, appearing as a dimple 1 cm below the surgical incision. At 12 days the pain was 0/10 and the cavity was only 1 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 silver polymeric membrane 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 silver polymeric membrane rope cavity filler, which is very easy to install and remove, to dress these wounds.
3. Recognize that polymeric membrane dressings directly address both wound pain and wound cleansing: two problems which are often particularly challenging in acute infected cavity wounds.

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BIBLIOGRAPHY

*PolyMem® We® Silver® Rope is made by Ferris Mfg. Corp. Burr Ridge, IL 60527 USA 800/POLYMEM

12 DEC 2008 Informative, made wound healing happen rapidly. The patient had no difficulties removing and replacing the non-adherent polymeric membrane rope cavity filler as instructed after three days. The new dressing didn’t require any dressings, leaving a dry, clean, and wound free.

18 DEC 2008 The cavity depth had already decreased from 4 cm to 1 cm and the wound was ready for a flap procedure to prevent further recurrences. The dressing can be left in place for especially morbid wounds.

15 JAN 2009 At six weeks, the wound was uninfected and ready for a flap procedure to prevent further recurrences. The patient had no pain related to the wound, postural changes improved significantly between sitting and standing.

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