

Case report: DermaClose therapy after VAC helps close large sternal wound resulting from oncologic excision and subsequent sternal wound infection.

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Case Report #47

Prior to application of DermaClose: A 40-year-old male patient presented from an outside hospital with metastatic papillary thyroid cancer requiring further resection, radical neck dissection, and a redo of a sternotomy due to sternal wound infection with *C. koseri*. The sternal resection caused a tissue deficit measuring 26 cm x 9 cm x 5.5 cm. Prior to application of DermaClose the patient underwent VAC negative pressure wound therapy (NPWT) for 9 days.

DermaClose application: After the DermaClose device was applied the patient's wound measured 26 cm x 2.5 cm x 5.5 cm. The wound margins were undermined 2 cm circumferentially to facilitate tissue expansion with DermaClose. After 2 days, patient returned to the OR for NPWT exchange and two DermaClose devices were reapplied.

Removal of DermaClose: 7 days after the second application of DermaClose and NPWT the DermaClose device was removed. Immediately after removal the wound measured 23 cm x 3 cm x 1 cm. Patient continued with NPWT for 1 additional week and was then returned to the OR for final closure. The patient experienced moderate pain (4 – 6 on a scale of 10) during NPWT dressing changes but was otherwise pain free.

Follow-up: At his 2 week follow up, patient underwent CT scan where a small seroma was observed but required no action. Retention sutures were removed. At his 6 week follow up he maintained full closure and required no further follow up.

Wound as it appeared Just before the second application of DermaClose (left), and after application (right).



Before DermaClose, after 9 days of NPWT.



Day of closure, wound measured 23 cm x 3 cm x 1 cm. After closure, with retention sutures and staples.



Follow up at 6 weeks.



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