

Massive scar contracture on flank

Type of Wound Burn scar revision*

Etiology Scar contracture of burn wound on flank

Patient 56-year-old male

Decision Tree

1. Wound clean?
2. High risk for general anesthesia?*

Yes

Yes

One-Step 1mm

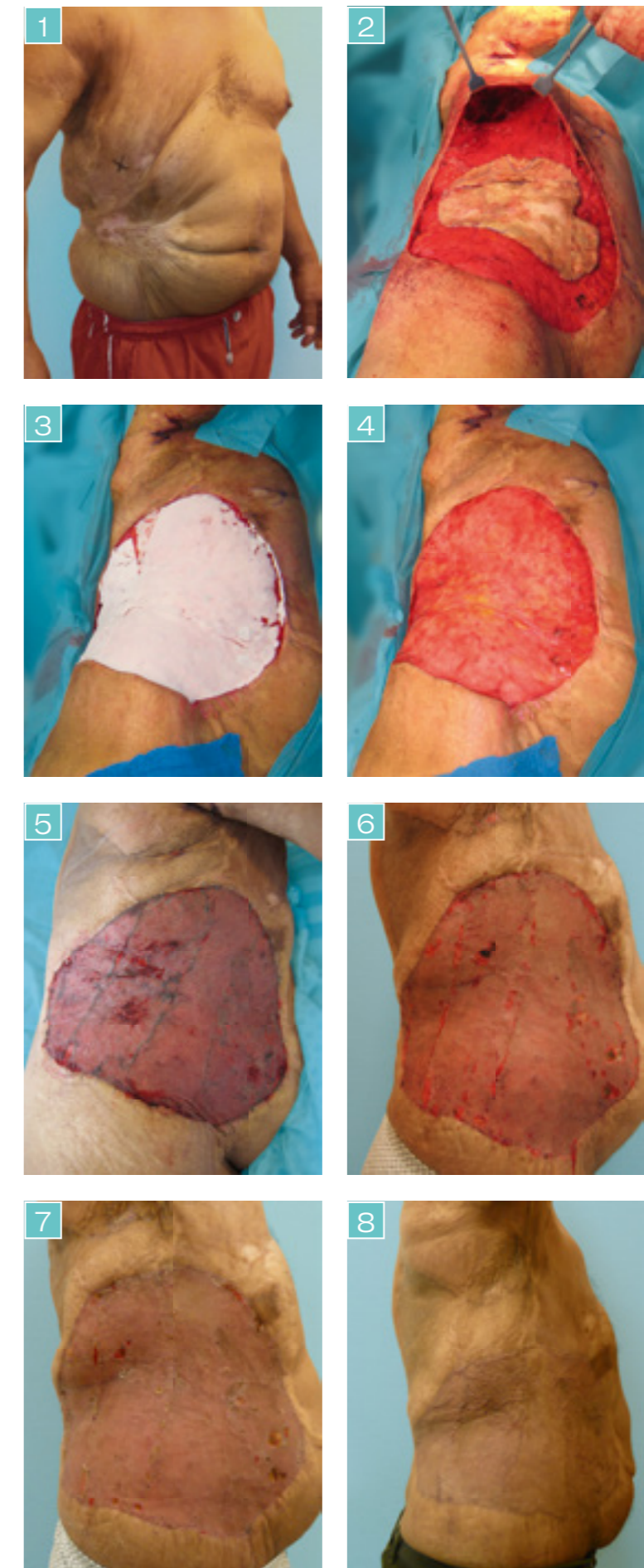
The patient presented with a large scar from a burn wound on the flank 20 years ago (Fig.1). Reason for his request of scar revision was the instability and aesthetic appearance of the scar and skin insensitivity. Comorbidities included a history of peripheral artery occlusive disease and arterial hypertonia.

The scar plate was excised completely and the contractures were released (Fig.2). The resulting defect was covered with multiple dry sheets of MatriDerm® (Fig.3), which were rehydrated in situ (Fig.4).

A split-thickness skin graft (STSG) was positioned over MatriDerm® in a One-Step Procedure. Negative Pressure Wound Therapy (NPWT) was initiated to fixate the graft. After 5 days, the first dressing change was performed and NPWT was discontinued. The wound showed a good take rate of the STSG, with just minimal dehiscence (Fig.5).

Three weeks post-operatively, the graft was almost completely healed, demonstrating markedly reduced tension (Fig.6). One month p.o., the wound was 90% tension free, with just a few small wounds (Fig.7).

Six months p.o., there was no loss of functionality, with just a small scar cord in the axilla, that does not trouble the patient. Despite the still lowered mamilla, the patient is satisfied with the current result (Fig.8).



* Courtesy of J. Grünert, MD, St. Gallen, Switzerland