

## CASE STUDY #3

A 84 year-old female; Parkinson's Disease, spinal stenosis-kyphosis, osteoporosis

Patient presented with a mid back infection wound. This wound was originally classified as a pressure ulcer and has now been reclassified as an abscess. Patient has a bony prominence from thoracic vertebrae secondary to kyphosis.

**3/31/2010:** 5.0 x 2.4 x 0.5cm

Moderate amount of serosanguinous exudate

About 50% yellow slough, 50% granulation tissue

Slight odor

Moderate periwound erythema

Pack wound with Santyl, Polysporin, and gauze



**4/21/2010:** 3.2 x 1.5 x 0.3cm

About 10% yellow slough, 90% granulation tissue

Odor resolved

Mild periwound erythema

Dress wound with Santyl, Polysporin, and sterile gauze



## Case Study #3 continued

**4/28/2010:** 1.0 x 0.8 x 0.2cm

About 5% yellow slough, 95% granulation tissue

Mild periwound erythema

Change wound dressing from Santyl and Polysporin to triple antibiotic ointment and sterile gauze



**5/5/2010:** 0.3 x 0.2 x 0.1cm

About 5% yellow slough, 95% granulation tissue

Epithelial bridge to center of wound bed now closed

Dress with triple antibiotic ointment and sterile gauze

