

The Use of Fenestrated Dehydrated Complete Human Placental Membrane Allografts in a Forehead Defect Following a Crateriform Squamous Cell Carcinoma Excision

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Initial Wound



Wound Resolution

PATIENT BACKGROUND AND FIRST APPLICATION

A 70-year-old male patient with a history of squamous cell carcinoma (SCC) presented with a crateriform SCC on the right superior medial forehead. The tumor measured 2.8 cm x 2.7 cm (Figure 1a). Mohs surgery was chosen as the appropriate excision technique due to the location of the cancer. After two stages of the procedure, the defect measured 2.9 cm x 2.9 cm (Figure 1b). The location of the wound and inelasticity of surrounding tissue made primary closure difficult and created a risk of damaging normal and functional anatomy. A skin substitute was deemed the most appropriate approach. Fenestrated dehydrated complete human placental membrane (dCHPM) allografts were selected as the wound covering.

The defect edges were debeveled using a #15 scalpel blade. A fenestrated dCHPM allograft was trimmed to fit the defect and applied. Petrolatum and an occlusive gauze dressing were used over the allograft.

SECOND APPLICATION

The patient returned 10 days later (Figure 2) and reported some drainage from the defect. The wound was cleaned and prepped with an antiseptic solution. A second application of fenestrated dCHPM was determined to be appropriate. The allograft was trimmed to size and applied to the defect. The fenestrated dCHPM allograft was dressed with petrolatum and an occlusive gauze dressing.

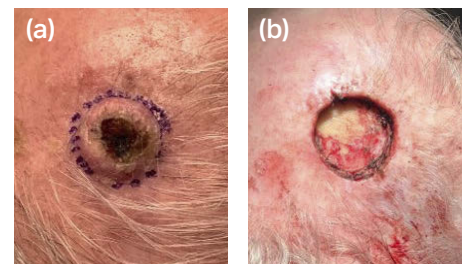


Figure 1. Day 0. (a) Crateriform SCC prior to the Mohs procedure. (b) The resulting defect from the Mohs procedure.



Figure 2. Day 10. Pre-cleaning.

THIRD TO FIFTH APPLICATIONS

The patient returned on days 17 (Figure 3a), 28 (Figure 3b), and 35 (Figure 3c) for subsequent applications of fenestrated dCHPM allografts. For all applications, the defect was cleaned and prepped with an antiseptic solution. The allografts were trimmed to size and applied to the wound, followed by petrolatum and an occlusive gauze dressing.

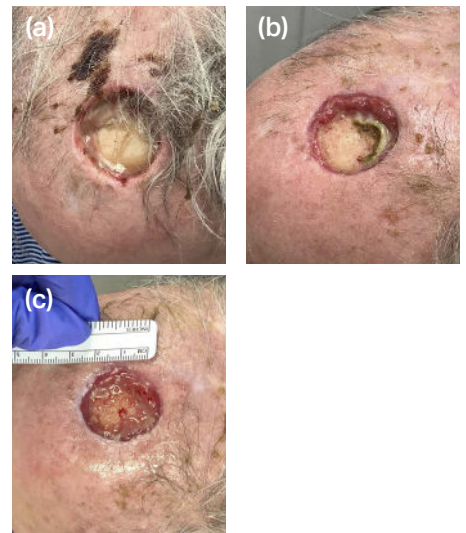


Figure 3. (a) Day 17. Pre-cleaning. (b) Day 28. Post-cleaning. (c) Day 35. Pre-cleaning.

WOUND RESOLUTION

On day 42, the patient returned for a wound check. The defect was well granulated, and it was determined that no further applications of fenestrated dCHPM allografts were needed (Figure 4a). The patient returned 36 days later for a wound check, and the wound had completely re-epithelialized (Figure 4b).

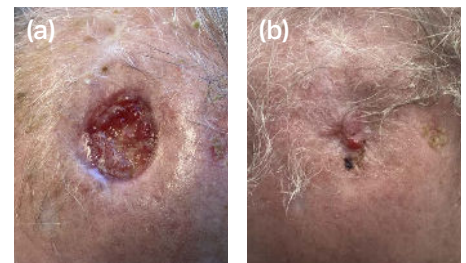


Figure 4. (a) Day 42. Post-cleaning. (b) Day 78. Wound resolved.



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