

The Use of Fenestrated Dehydrated Complete Human Placental Membrane Allografts in a Superior Helix Defect

AS DESCRIBED BY DR. KATHLEEN VISCUSI, MD | ATLANTA, GA



Initial Wound



Wound Resolution

PATIENT BACKGROUND AND INITIAL APPLICATION

The 92-year-old patient presented with a squamous cell carcinoma on his right superior helix, an area where tissue conservation is critical. The tumor measured 1.9 cm x 0.3 cm with poorly defined clinical tumor borders. Mohs was determined to be the appropriate method of removal, and the patient underwent two stages which resulted in a defect measuring 2.8 cm x 0.4 cm.

A skin substitute was selected as the repair choice because a complex repair was not appropriate due to the location of the defect and to preserve normal anatomy. Fenestrated dehydrated complete human placental membrane (dCHPM) allografts were selected as the wound covering. Prior to allograft placement, the defect edges were debeveled with a #15 scalpel blade (Figure 1). The allograft was trimmed to fit the wound size and applied to the defect. The fenestrated dCHPM allograft application was followed by petroleum and an occlusive gauze dressing.

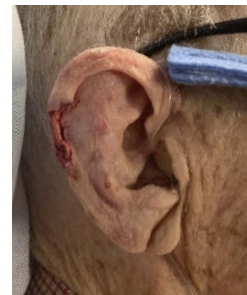


Figure 1. Day 0. Initial superior helix post-Mohs defect.

SECOND APPLICATION

The patient returned seven days later. It was noted that fenestrated dCHPM allografts were still the optimal choice for repair due to inelasticity of the skin and the inability to approximate the wound edges with digital pressure. The allograft was trimmed and applied to the defect (Figure 2). The defect was then dressed with petrolatum and an occlusive gauze dressing.



Figure 2. Day 7. Fenestrated dCHPM allograft applied over the defect.

THIRD APPLICATION

Upon evaluation during a wound check nine days later, the physician determined a third application of a fenestrated dCHPM allograft was needed (Figure 3a). The allograft was trimmed to an appropriate size. The allograft was placed to cover the defect (Figure 3b), and it was followed by petrolatum and an occlusive gauze dressing.

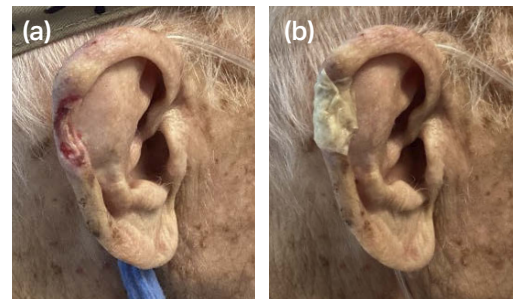


Figure 3. Day 16. (a) Defect after two applications. (b) Fenestrated dCHPM allograft applied over the defect.

FOURTH APPLICATION

Seven days after the third application, the patient returned to determine if another application of a fenestrated dCHPM allograft was needed. The wound was noted to have exposed cartilage (Figure 4a). A debridement was performed (Figure 4b), and fenestrated dCHPM allograft was trimmed and applied to the defect. The allograft was dressed with petrolatum and an occlusive gauze dressing.

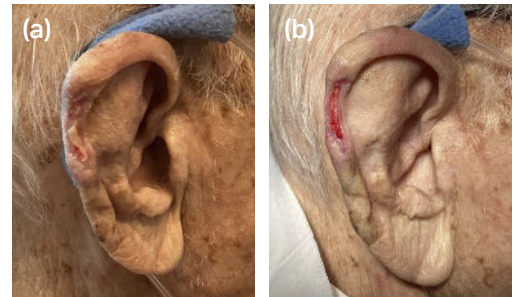


Figure 4. Day 23. (a) Defect with exposed cartilage. (b) Defect post-debridement.

FINAL VISIT

Twenty-nine days after the first application, the patient returned for a wound check. The defect was noted to be progressing well. There was mild crusting that was removed with hydrogen peroxide (Figure 5). The patient was instructed to continue wound care at home, which consisted of cleaning the defect with soap and water, applying petroleum, and replacing the bandage daily. The patient was requested to return in 2 months for a standard skin check.



Figure 5. Day 29. Defect after 4 applications.



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