

### MODERN DRESSING FOR WOUND MANAGEMENT IN CERVICAL NECROTIZING FASCIITIS : A CASE REPORT

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## **INTRODUCTION**

**Necrotizing fasciitis (NF)** is a severe and potentially life-threatening soft tissue infection characterized by rapidly progressive necrosis of fascia and subcutaneous tissue along the fascial planes. Once suspected, rapid, extensive radical debridement of necrotic tissues, appropriate antibiotics, and intensive general support avoid massive systemic diffusion of the infective process and are the key for successful treatment. Modern dressing is chosen considering the infected wound type with the presence of purulent exudate. This antimicrobial dressings is bactericidal to all gram-positive and gram-negative bacteria as well as fungi, and it facilitates a moist wound environment. The dressing could be changed after three days or whenever the dressing full of exudates.

# **OBJECTIVE**

A39 years old male patient came with swelling and open wound at right lower jaw region and open wound at right lower jaw extended to chin region. Fourty days prior to admission, the patient complained of toothache at right lower jaw region. About 1 day prior to admission, the patient complained the swelling burst and he went to a Private hospital at Soekarno Hatta area and was perfomed tooth extraction.

### INITIAL ASSESMENT



Assymetrical face, sweeling at right lower jaw extended reddish, febrile temperature, necrotic tissue, fluctuation, pus (+)



Bad OH, caries, generalized gingival hyperemia, mouth opening 2,5 cm, necrotic tissue, fluctuation, pus (+)

#### TREATMENT:

- Broad-spectrum antimicrobial therapy
- Perform necrotomy debridement at lower right jaw region under
- general anesthesia (semi CITO)
- Perform odontectomy of tooth 38 and Extraction of teeth 18, 37 under general anesthesia (semi CITO)
- Plan to perform culture swab and antibacterial resistance
- Wound management: modern dressing using Cadexomer lodine Dressing and Polyurethane Foam Absorbent Dressing

#### **DIAGNOSIS:**

- Necrotizing fasciitis at right lower jaw and chin region due to pulp gangrene of tooth 47.
- Chronic apically periodontitis due to radices of tooth 18,37 and pulp gangrene of tooth 38

#### INTRAOPERATIVE FINDING



#### Reference

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After necrotomy procedure was done, the wound treated with modern dressing which was cadexomer iodine 0.9% and polyurethane foam absorbent dressing from POD I. In this case, the wound still contained purulent exudate after the surgery. For this kind of wound, cadexomer iodine 0.9% was chosen as an antiseptic and polyurethane foam absorbent dressing as an absorber. After the wound cleaned, the antiseptic dressing was sown with thickness about 3 mm and absorber attached to the wound. This dressing used until all the purulent exudate disappears. After all of the purulent exudate disappear, the patient instructed to apply hydrocolloid gel on the wound (raw surface) to accelerate wound healing. Bone exposure was closed in POD XIX. Three months after procedure, the wound completely healed, the edges of raw surface completely fused and minimized scar tissue formation. The wound healing process occurred by secondary healing without need of skin grafts.

### **CONCLUSION**

The use of cadexomer iodine 0.9% powder as an antibacterial dressing and polyurethane foam as an absorbent dressing of purulent exudate gave a satisfying result in healing the wound, minimized the complications, and decrease patient's long term morbidity.