

# Crush Trauma

## Trauma

Type of Wound    Deep soft tissue defect with involvement of the fascia, right lower leg \*

Etiology            Crush trauma by a school bus

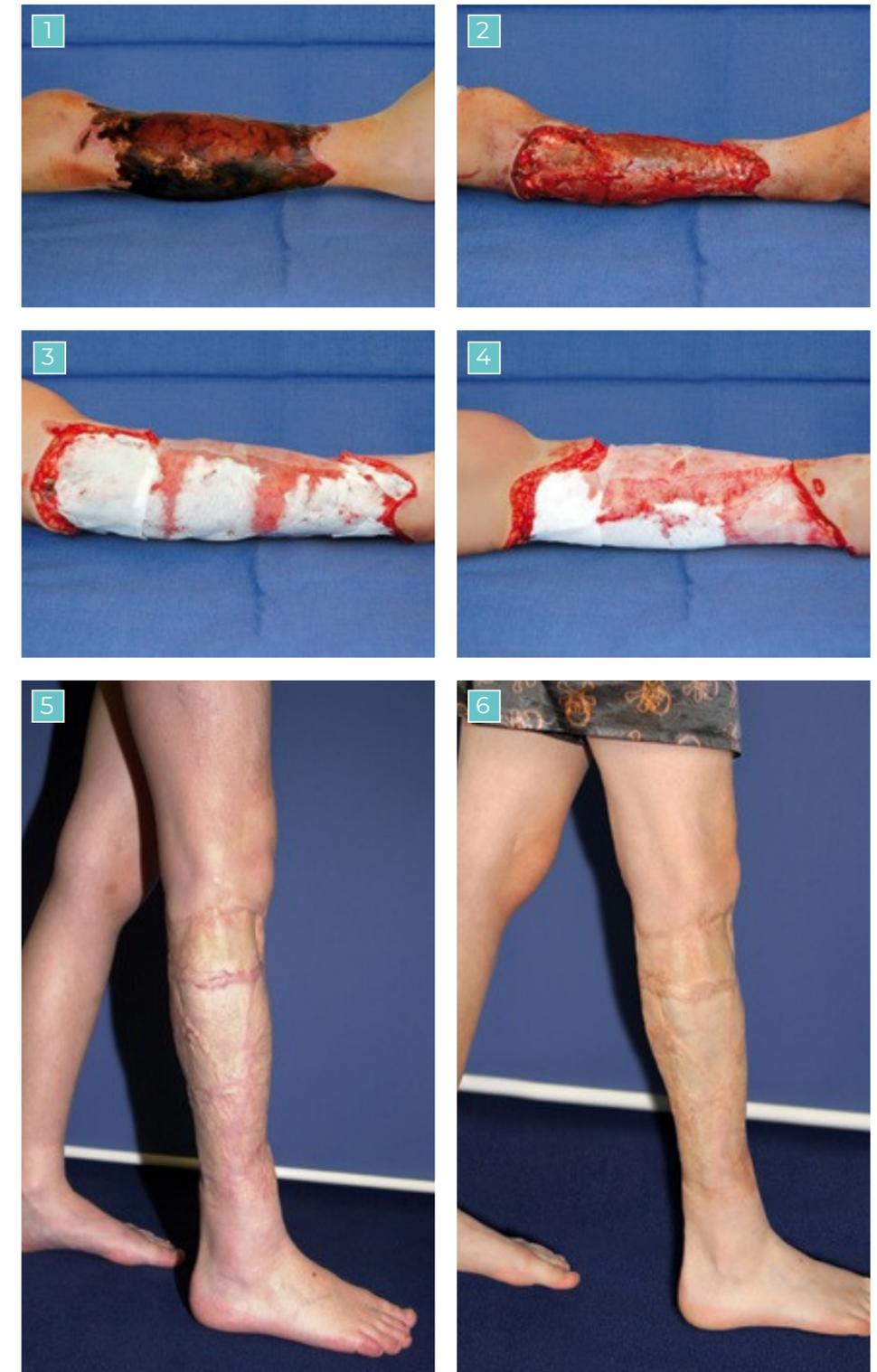
Patient             7-year-old boy

### Decision Tree



The patient was transferred to a special trauma clinic on day 5 post injury. Two-thirds of the proximal lower leg showed necrotic tissue (Fig. 1). Parts of the lower leg fascia were destroyed. After debridement vital paratenon at the tibia was exposed (Fig. 2). The tissue defect was covered with 1 mm MatriDerm® and unmeshed split-thickness skin graft (Fig. 3, 4). Fixation was performed by negative pressure wound therapy for 1 week.

Thereafter conventional dressing (fatty gauze / bulky gauze / tight bandaging) was performed and the wound healed quickly without any complications. Aftercare with compression garments. Good functional and aesthetic result was achieved. 18 months after injury (Fig. 5). The transplanted skin was pliable and soft so that the patient was able to return to normal life. 7 years after the surgery the aesthetic outcome has further improved (Fig. 6). No scar contracture release surgeries have ever been necessary because the new skin has grown naturally along with the boy's legs.



\* Courtesy of M . Öhlbauer, B . Wallner and M . Miltz, MD, Murnau, Germany