

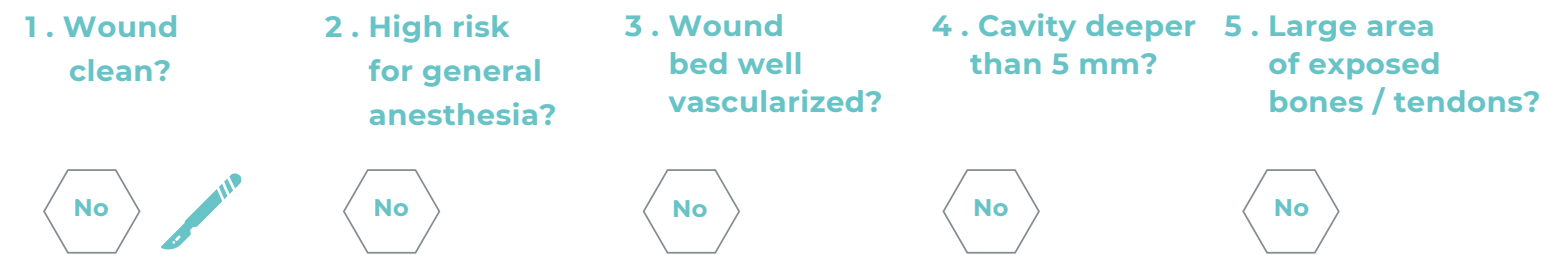
Infected Dog Bite

Type of Wound Infected, necrotic full-thickness wound *

Etiology Dog bite at the dorsum of the hand

Patient 64-year-old female

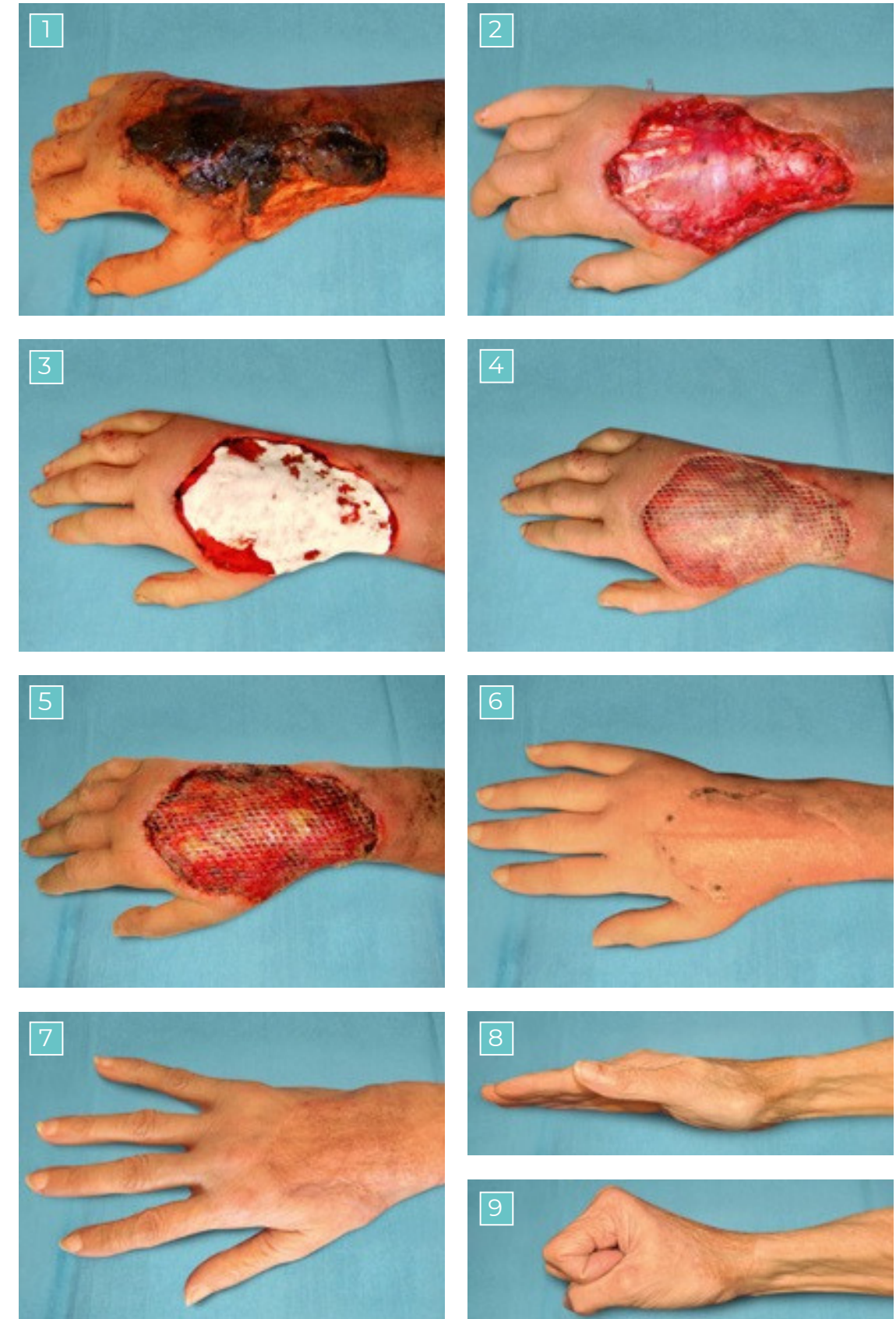
Decision Tree



After one month of pre-treatment of a dog bite in a general hospital (three sessions of debridement, splinting of the fascia and negative pressure wound therapy) the patient was transferred to a specialized clinic with plastic and reconstructive surgery. Pre-operative view, 4 weeks after injury: Wound bed was still necrotic (Fig. 1). Day 0: Wide and deep excision of the wound to avoid further complications (Fig. 2). After preparation of an adequate wound bed, dry 1 mm MatriDerm® was applied to the wound (Fig. 3).

After rehydration of MatriDerm® a meshed split-thickness skin graft was applied (Fig. 4). Fixation was performed by sutures. The wound dressing consisted of fatty gauze, bulky dressing and tight bandaging. Day 6 p.o., first dressing change with a stable wound and excellent take of the autograft (Fig. 5). 3 months p.o., stable wound closure of the hand (Fig. 6). 2 years follow-up, the long-term result demonstrated full range of motion of the hand and a good aesthetic outcome (Fig. 7-9).

Trauma



* Courtesy of U . Hug, MD, Luzern, Switzerland