Visual image of prison health care

RESP

Clinical approach to a complex wound in prison: blunt trauma

Mónica López Ortiz, Paula Noemi Pérez Niculcar, Alejandra Zorrilla Martínez, Fernando Pérez Ruiz

Nursing professional. El Dueso Prison. Cantabria. Spain.

Text received: 05/06/2024

Text accepted: 11/06/2024

CLINICAL DESCRIPTION OF CASE

The patient was a 51-year-old man who came to the treatment room with a blunt trauma of several days evolution after receiving a blow with a chair on the left leg on 28 February 2024, stating that the "the injury hasn't got any better". He presented a soft, swollen subcutaneous hematoma that suppurated serous fluid. Given the progression, the medical staff prescribed antibiotics with clindamycin and nursing staff applied programmed daily dressings with mupirocin until an improvement was seen.

Medical history: allergic to penicillin, did not present high blood pressure, dyslipidaemia, or type 2 diabetes mellitus. No signs of venous insufficiency were observed in the lower limbs.

Functional patterns affected:

- Activity-exercise: mobility and sensitivity of left leg conserved in initial phases.
- Nutrition-metabolism: lesion with effect on muscle and risk of infection.
- Perception-management of health: did not present fever or body temperature fluctuations. Smoker (12 cigarettes/day). Correct anti-tetanus vaccination.

PROGRESS

The patient was transferred to the Marques de Valdecilla University Hospital on 12 March 2024 as the wound had progressed to a deep, open lesion of approximately 4x4 cm. Serohaematic fluid was exuded when pressure was applied, presenting clots adhering to the inner faces with no exposed bone, and cellulite edges and malleolar oedema. We had doubts about applying treatment with scalpels in the treatment room. Patient presented weak pedis pulse (Figure 1).

Anamnesis, examination and analyses were carried out at the hospital, with no signs of increased acute phase reactants being observed while the other values with within range[1].

Efforts to drain the area produced unsatisfactory results and so debridement was carried out with local analgesia (2% Mepivacaine) at the edges of the wound, along with exhaustive washing and negative pressure wound therapy[2] (Vacuum Assisted Closure VAC®)[3] at -80 mmHg for 7 days to encourage granulation tissue creation, improve the bed and bring about the best

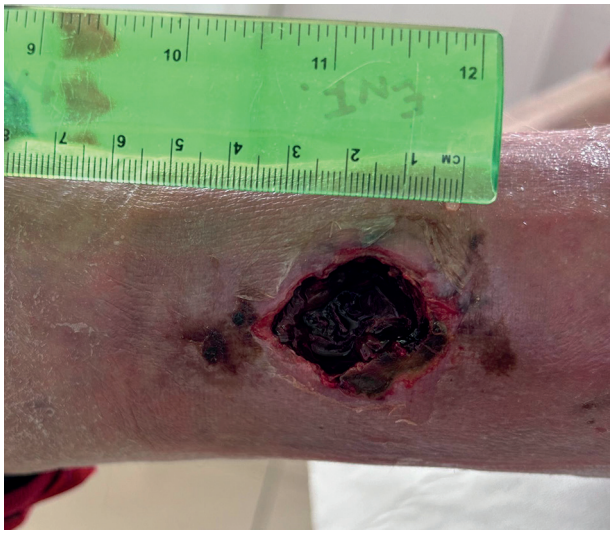

Figure 1. Initial wound.

Rev Esp Sanid Penit. 2024;26(2):77-78
10.18176/resp.00091

possible exposure for external surgical intervention via skin graft covering and fixing using the patient's own skin from the same leg under general anaesthesia. There would therefore be two wounds: the donor site and recipient site (Figures 2 and 3). The patient remained for 16 days at the hospital prison unit and nursing module until he was finally discharged by the Plastic Surgery Service on 2 April 2024 (Figure 4).

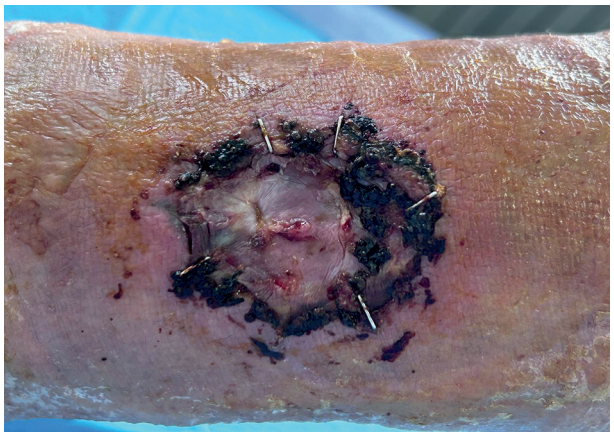

Figure 2. Implanted graft.

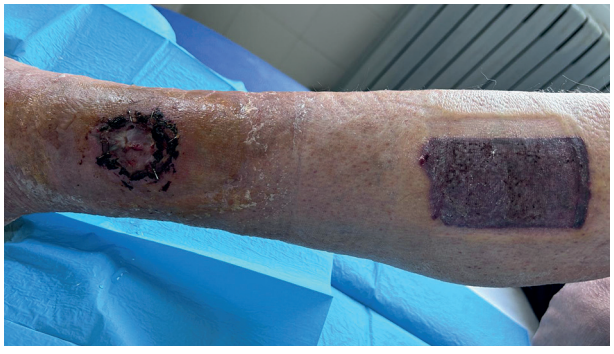

Figure 3. First treatment in donor/recipient site.

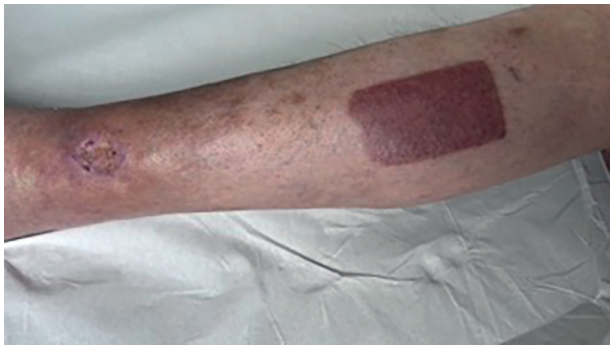

Figure 4. Treatment phase.

FINAL COMMENTS

The nursing team at El Dueso Prison followed the treatment protocol recommended by the Plastic and Reconstructive Surgery Service. The donor site was treated with Vaseline and the recipient site was treated with Betagel, Urgotul dressings and bandages. The staples were removed at the hospital. The patient's transfers and consultations were also managed, thus ensuring comprehensive and coordinated treatment. This type of multidisciplinary intervention demonstrates the importance of a nursing-based focus on managing complex wounds to ensure continuity of care and the patient's effective rehabilitation.

CORRESPONDENCE

Mónica López Ortiz
E-mail: lopez_ortiz_monica@hotmail.com

REFERENCES

1. Lucena JF, Alegre F, Lecumberri R, Prieto JM. Exploración de los síndromes. En: Prieto JM, Yuste JR. Balcells. La clínica y el laboratorio. 23ª ed. Elsevier; 2019. p. 511-49. Cap. 23.
2. Martín-Alcalde J, Sarró-Fuente C, Miñano-Medrano R, López-Estebaranz JL. Uso de la terapia de presión negativa para fijar injertos cutáneos en úlceras secundarias a hematoma profundo disecante o a fascitis necrosante. Actas Dermosifiliogr. 2022;113(5):540-2. doi: 10.1016/j.ad.2020.11.030.
3. Buendía Pérez J, Vila Sobral A, Gómez Ruiz R, Qiu Shao SS, Marré Medina D, Romeo M, *et al.* Tratamiento de heridas complejas con terapia de presión negativa: Experiencia en los últimos 6 años en la Clínica Universitaria de Navarra, Pamplona (España). Cirugía Plástica Ibero-Latinoamericana. 2011;37(Supl 1);S65-71. https://dx.doi.org/10.4321/S0376-78922011000500010