A case study of the care of a 53 year old man with infected Hidradenitis Suppurativa using a silver alginate dressing to aid healing and reduce bacterial contamination

Introduction
This patient was selected as part of a wider study across 11 centres within the UK involving a total of 49 patients examining the role of Calcium Alginate dressings in patients with haemopurulent of haemoserous discharge in chronic wounds1. The dressing of choice for this patient was (Sorbsan® Silver packing). Hidradenitis Suppurativa also known as ‘Acne Inversa’2. He was admitted to Queen Alexandra Hospital on the 23/03/12 for management of sepis and radical excision of 20 abscesses with associated fistulas across his buttocks and groin. This was classed as stage III Hidradenitis2.

HS is a physically, psychologically, socially disabling recurring disease affecting areas of the body where there is skin-to-skin contact where apocrine glands and hair follicles are found. Typically manifesting itself as single boil-like, pus-filled abscesses, or hard sebaceous lumps, to painful, deep-seated, often inflamed lesions with chronic seepage2.

Patient History
Mr T had a 23 year history of HS. In preparation for surgery he was reviewed by the multidisciplinary team. His HB was 5.3, white cell count 15 CRP 170. He had chronic skin changes all over his buttocks with tracks draining bloody pus fluid. Some wounds tracked full thickness in natal cleft and both groins. He complained of constant pain and required opiates and anti-inflammatory medication in addition to Entonox for dressing changes. Incontinence pads were offered as wound management prior to admission.

Surgery
He had excision of all pus-filled abscesses, and hard sebaceous lumps and Colonoscopy to 60 cms ruling out a low bowel fistula. (Fig 3) More than 20 tracks of subcutaneous tissue and full thickness wounds were exposed and lay open over both buttocks, natal cleft, both groins, scrotum, and inner thighs. He developed a small wound on the upper right chest wall near the axilla. The wounds were irrigated with saline and packed with the calcium alginate silver dressings. The anatomical location and complexities of the wounds were challenging for the nursing staff. The calcium alginate silver dressings provide amorphous gel enabled this dressing to conform to all the contours of the wounds particularly in the groin. Gentle douching with normal saline ensured that the dressings were removed without trauma. Surgical pads were secured in place with adhesive tape. Dressings were replaced depending on levels of exudate and bowel action.

Discharge
7 weeks after admission, he was discharged home to community care. He continues to see the tissue viability and surgical team, is making steady progress and the wounds have almost healed. He is encouraged to take an active role in his wound management with support from his family and practice nurse. He has now returned to work.

Conclusion
Mr T was septic on admission. Using a collaborative approach to the management of this rare and chronic condition, utilising the skills of nursing and medical staff ensured that Mr T was able to make informed decisions regarding his care. The use of calcium alginate silver dressings contributed to reducing re-infection. As his wounds improved, analgesia was reduced. Sorbsan® Silver packing was effective as it was removed easily by irrigation gently ensuring that deep fissures associated with this condition were clean. As part of a larger study the wound management is this case supported cost effectiveness and efficacy.

References
2. Jan Von der Werth 2001 Hidradenitis Suppurativa Dermatology In practice Volume 9 Number 3 Hayward Medical communications UK.
This poster was supported by Aspen Medical Europe Ltd.