A complex case: Raynaud's Phenomenon, contact burn to hand, negative pressure wound therapy and viagra

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Introduction

51 year old female presented with bilateral hand burns at the Tasmanian Burns Unit, Royal Hobart Hospital. She sustained < 1% TBSA deep dermal contact burns as a result of having a seizure while cooking.

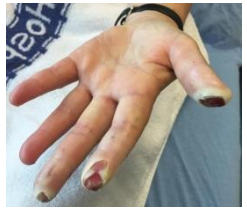
Past History of Scleroderma, Raynaud's Phenomenon, complex seizure disorder and GORD.

Treatment Plan

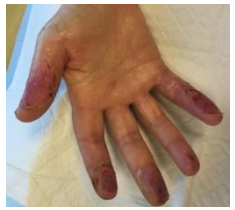
Treated conservatively with dressings- acticoat, gauze and film; avoidance of cold; elevation; hand exercises; review of nutrition; neurology input and continuation of calcium channel blockers for 10 days with little improvement.

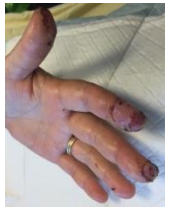
At day 10 plan made for debridement and split thickness skin grafting to full thickness burns to seven digits. Treatment plan as follows:

- Neurology and Rheumatology review pre op
- constant warmed temperature in single room
- commenced on Sildenafil (Viagra) 20 mg TDS as per Rheumatologist
- strict elevation
- negative pressure wound therapy (NPWT) and inpatient admission planned for 6 days.



Day 11





Day 10 post STSG

Results

At Day 5 there was a near 100% take of skin graft and nil seizure activity noted. Plan for outpatient follow up in Burns clinic for wound care, physiotherapy and scar management. Ceased Sildenafil 14 days post graft.

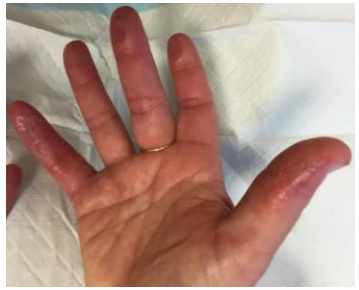
Physiotherapy and Scar management:

- Night splint LF
- Silicone: digi tubes
- Lycra stalls R LF and Thumb

Ongoing 6 month review Burns review clinic and multidisciplinary team input. Re-engaged with Neurology to look at possible surgical options for seizure disorder

Recommendations

This case highlights the need for multidisciplinary review from multiple specialties and the use of NPWT and Sildenafil in patients with extremity burns with Raynaud's phenomenon. In the future we would look at commencing this therapy on referral and first presentation.



4 months post burn