

CYCLIC ANTISEPTIC INSTILLATION ALTERNATING TOPICAL NEGATIVE PRESSURE THERAPY FOR MANAGING UNHAPPY TRIAD – POST SURGICAL PYODERMA GANGRENOsum- FULL- THICKNESS CHEST WALL DEFECT AND ACINETOBACTER BAUMANII INFECTION – FOLLOWING BREAST RECONSTRUCTION

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Aim: To present postoperative pyoderma gangrenosum as a life-threatening complication following breast reconstruction.

Methods: Once diagnosing postoperative pyoderma gangrenosum medical treatment using immunosuppressive agents can rapidly stop progression. Preceding repeated debridement often leads to skin defects requiring plastic surgical procedures. Extensive debridement performed in misbelieve may cause deep skin and soft tissue defects, requiring not only skin grafting but also flap surgery. Deep soft tissue defects with exposed bone interacting with essential immunosuppressive condition and preceding long-lasting hospital stay, especially in intensive care units and systemic antimicrobial therapy may be complicated by serious acquired multi drug-resistant acinetobacter baumannii infection.

Results: We report on a case of unhappy triad following breast reconstruction. – Postsurgical pyoderma gangrenosum- full thickness chest wall defect- and multiresistant acinetobacter baumannii infection using free flap surgery and a innovative wound technology tool (cyclic antiseptic instillation alternating topical negative pressure therapy)

Conclusion: Interdisciplinary therapy enabled survival and complete wound closure.