

Major Mediastinal Defect Reconstruction Case

History

This seventy-three-year-old male developed osteomyelitis after cardiac revascularization. He failed to respond to initial debridement and antibiotic closure. Definitive debridement had been carried out eight days previous to presentation for closure.

Treatment

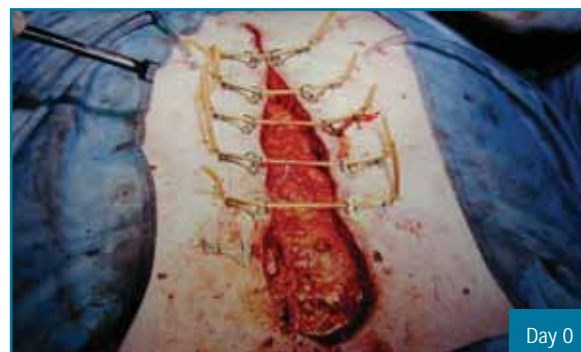
Under general anesthesia, the entire margin of the defect was excised, measuring 30 cm by 9 cm. Bilateral pectoralis major flaps were used to close and stabilize the upper chest. It was noted that the skin was relatively thin and friable to the extent that standard closure could not be achieved.

As an alternative, eight pairs of ABRA Surgical Skin Anchors were installed along the wound margins and elastomeric reduction was established reducing the defect from 9 cm to 5 cm when first installed. After approximately one hour it was observed that the wound margins were almost together in the center and quite adequately apposed in the upper and lower thirds.

By day four the patient was able to sit up and the Dynamic Wound Closure System maintained wound margin control.



As presented at the main OR of the Ottawa Heart Institute (Ontario, Canada) for a third closure attempt.



After the completion of a trans-flap structural repair, the ABRA Surgical Skin Closure System was applied.



One hour after the establishment of dynamic closure, the wound margins were re-approximated along the wound length.



Patient is seen sitting four days post surgery. Wound margins are re-approximated and stable. No follow up photo is available.

Note: Product shown is not current.