

# Severe degloving injury Multidisciplinary burn care Case report



Vyhnánkovy traumatologické dny

Klinika popáleninové mediciny Fakultní nemocnice Královské Vinohrady 3. Lékařská Fakulta Universita Karlova

Awies M., Stonová C., Zajíček R.



### Degloving injury

- Occurs as a result of a tangential blunt force high energy trauma
- Leads to the separation of the skin and subcutaneous tissue from the underlying fascia
- Open x closed injuries
- Necrectomy + synthetic+ biologic transplants.

### Case presentation

37 year old female

Medical history:

-Hereditary neuropathy - CMTX1

-Gastroesophageal reflux disease

Allergies: 0

Chronic medications: 0

### Case presentation

Date of injury: 26.3.2024

Mechanism of injury: high velocity bus accident

Significant degloving (open/closed) injuries

Evaluation of injured areas 35% TBSA

Intraabdominal injuries

Primary admission to traumacenter FNKV.

Transfer to burn center FNKV 14 days post injury.

Discharged from burn center FNKV 15.10.2024

Length of hospitalisation at the burn center FNKV 189 days.

## Diagnostic workup CT results

Verterbra: fracture of the transverse process of L4

Thorax:fracture of the VII. left rib

Abdomen: grade 1 liver laceration

#### Pelvis:

- -Disruption of pelvic ring,
- -Rupture of the urinary bladder
- -Avulsion of the left ovary

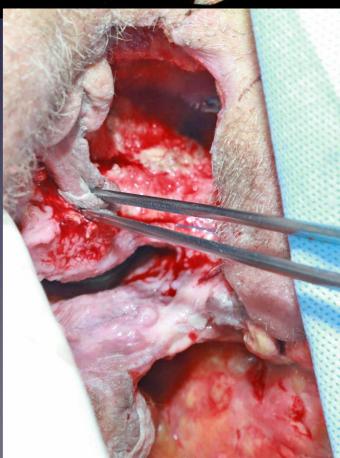
#### Perineal:

- -Laceration of the vulva
- -Laceration of the anus and sphincter dysfunction

#### Limb injuries:

- -Fracture of the right fibular head
- -avulsion injuries to the left gluteal region and lower extremities.

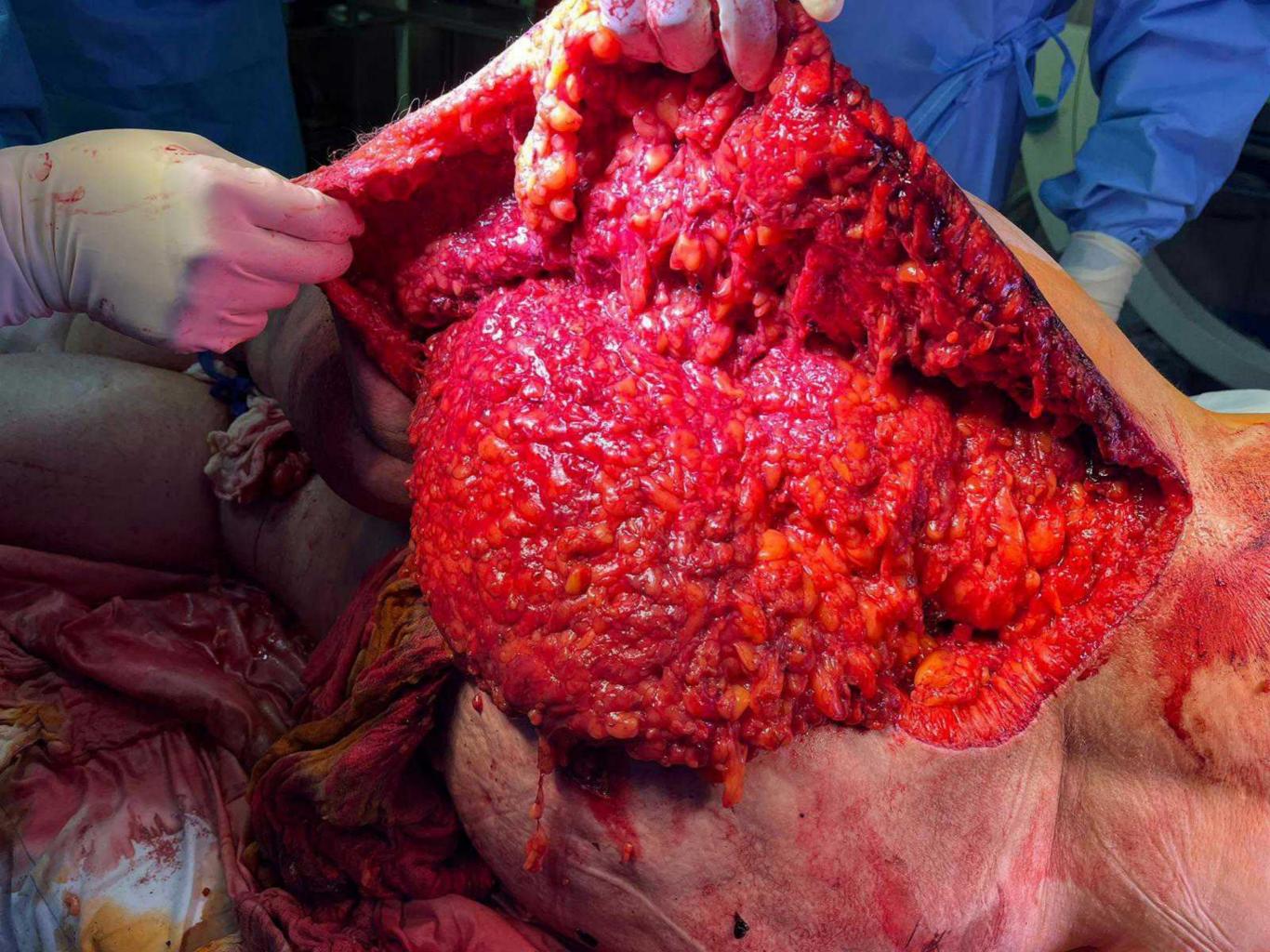


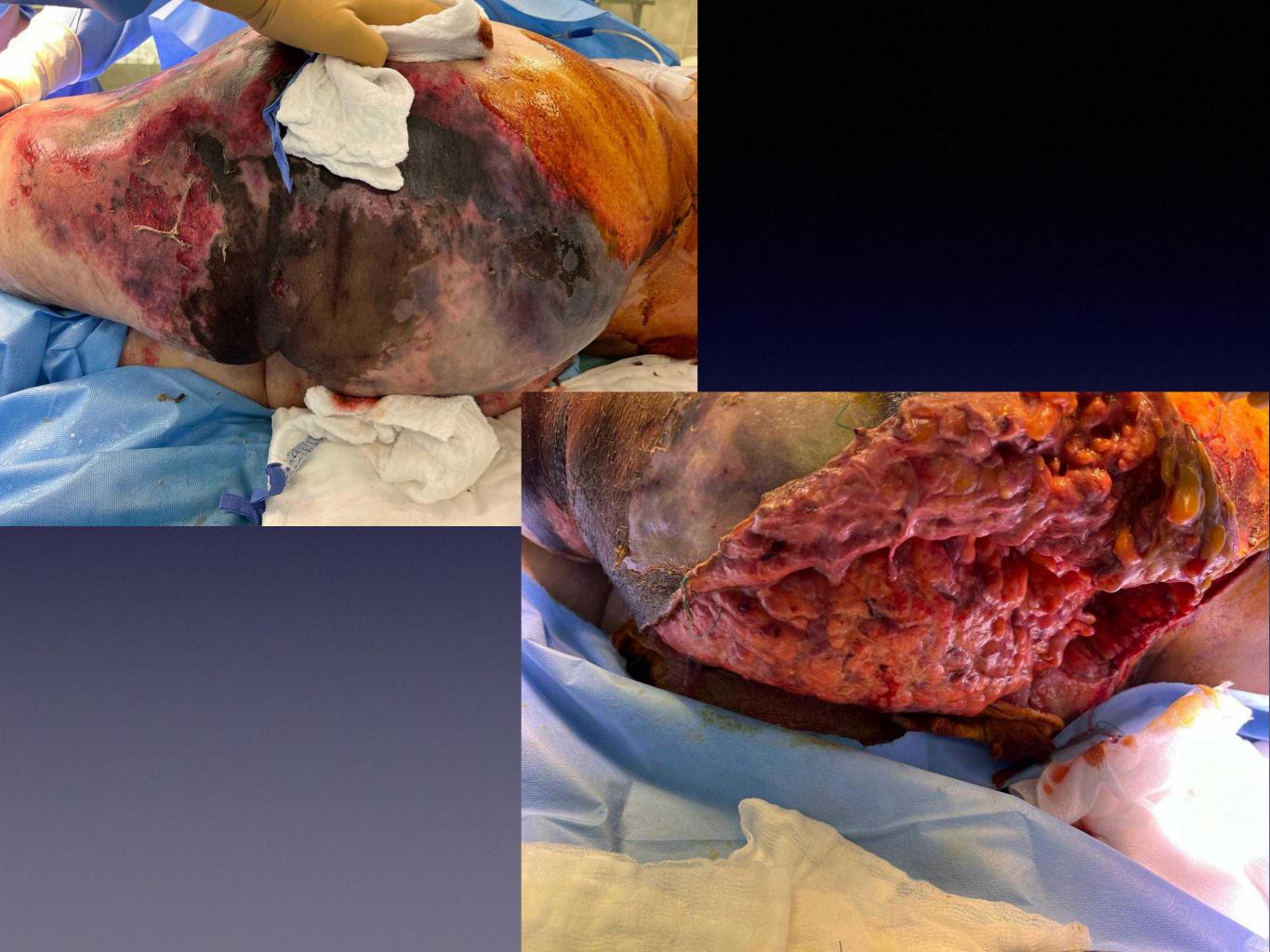


# Management 1st phase DCS

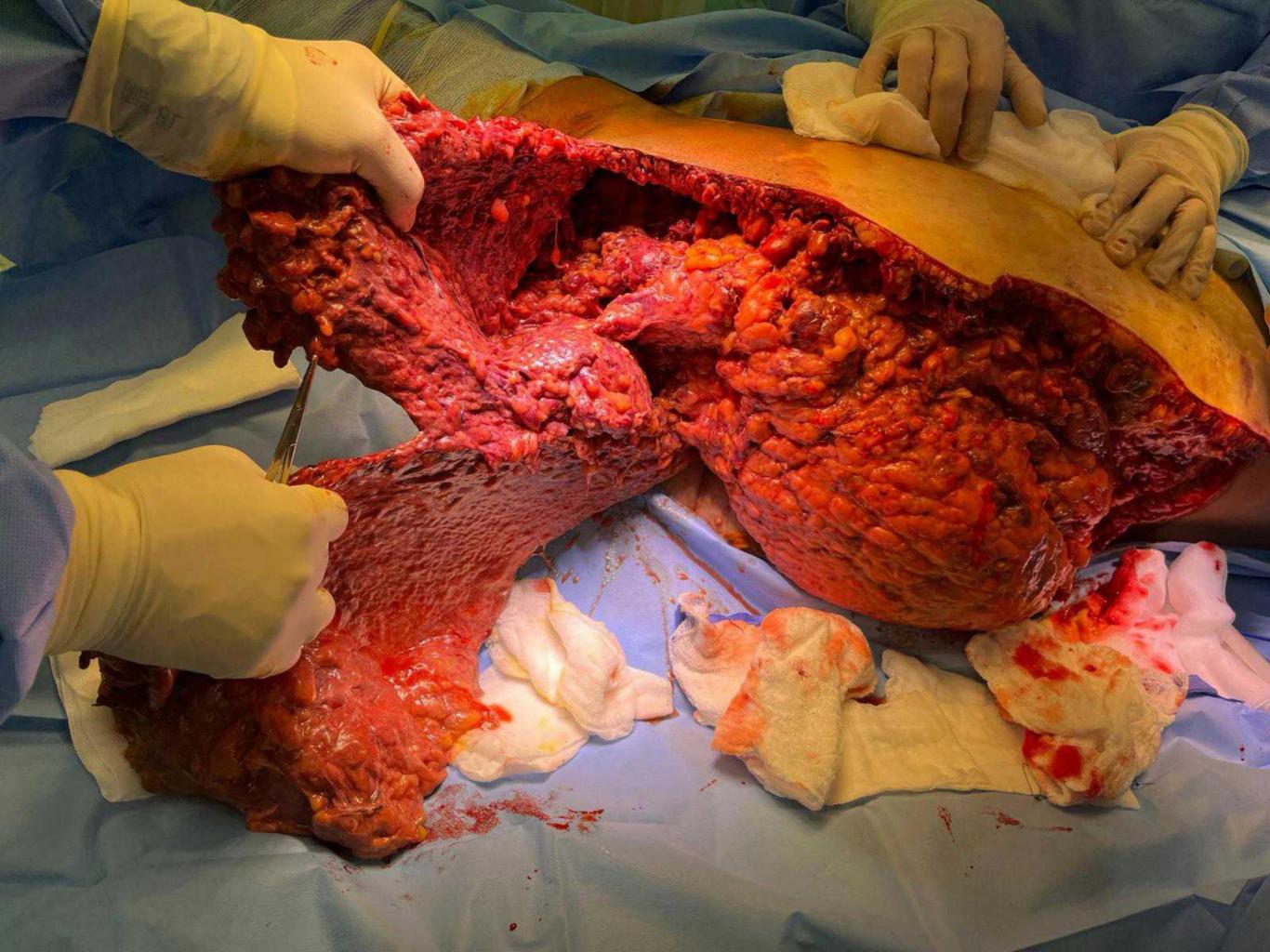
- · 26.3.2024
  - -abdominal cavity revision:
    - -suture of the urinary bladder
    - -creation of an epicystostomy
    - -creation of terminal sigmoidostomy
    - -left sided adnexectomy
  - -external fixation of the pelvis, removal 27.5.2024.
- 27.3.2024
   Bilateral puncture nefrostomy, removal 22.4.2024.
- 2.4.2024
   Stenting of both ureters, removal 7.5.2024.















# Synthetic dermal substitute BTM

- Polyurethane based biodegradable substitute
- Used for full thickness wound reconstruction
- Composed of 2 layers:
  - -Non-porous, non-degradable layer
  - -Porous, degradable layer-allows for fibroblast migration and integration forming extracellular components like collagen which is essential for the creation of a "neodermis".

