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Treatment with maintenance debridement and skin grafting for extensive skin necrosis of leg due to necrotizing fasciitis after revascularization of critical limb ischemia: case report.

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Treatment with maintenance debridement and skin grafting for extensive skin necrosis of leg due to necrotizing fasciitis after revascularization of critical limb ischemia: case report.

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Severe leg edema after revascularization, especially in the case of critical limb ischemia, is occurred frequently due to reperfusion injury. Furthermore, edema is one of the reason to enlarge infection leading to cellulitis or necrotizing fasciitis.

We have experienced a treatment case with debridement and skin grafting for extensive skin defect of lower leg due to necrotizing fasciitis after revascularization. Fifty years female had critical limb ischemia, total blindness due to diabetes mellitus and end-staged renal failure needed hemodialysis, was received previously distal bypass as surgical treatment for critical limb ischemia. One month after discharge,

necrotizing fasciitis of lower edematous leg with extensive skin necrosis was caused from late recognition due to total blindness. After readmission, the patient was kept under strict management for infection control with antibiotics infusion. After inflammatory parameters were decreasing, we continuously performed to remove necrotic skin and subcutaneous tissue from lower leg and to sprinkle growth factor medicine on wound to proliferate granulation tissue and to manage wound under negative pressure wound therapy. Five months after, wound of leg was almost covered with granulation tissue, then skin grafting were performed for epithelization. Now wound is ongoing to complete cure.