

Case study: Lime-related chemical burns with associated eschar

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Smith+Nephew

Collagenase
SANTYL [◇]
Ointment 250 units/gram

Patient

A 24-year-old male with an unremarkable past medical history was pouring cement while wearing sneakers. His feet were intermittently immersed in the cement for approximately three hours, resulting in chemical burns on both feet from his exposure to the lime.

Wound presentation

The patient was seen in the wound center 72 hours after the burns occurred. The burn wounds, on both feet, had associated firmly adherent eschars.

Treatment

The eschars were cross-hatched on the initial visit and SANTYL Ointment was applied nickel thick and covered with a saline-moistened gauze and continued daily.

Results

Significant improvement of the wounds is visible after the application of SANTYL Ointment with saline-moistened gauze dressing for 10 days. Individual results may vary.



- Wounds presented 72 hours after the burns occurred
- Firmly adherent eschar on both feet
- Eschars cross-hatched in the clinic using a #15 scalpel with 2mm spacing at 90 degree angles to cover entire surface of the eschar
- SANTYL Ointment applied daily and covered with a saline-moistened gauze

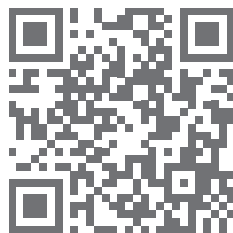
Treatment



- Daily application of SANTYL^o Ointment with saline-moistened gauze continued
- Significant improvement of wounds visible after 10 days
- Appointment scheduled for two weeks later; patient cancelled and informed physician wounds had healed



Product
compatibility



Dosing
calculator

Important Safety Information

Indications: Collagenase SANTYL Ointment ("SANTYL") is a prescription-only medication indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warning and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme's activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established. **Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. For complete prescribing information, please refer to the accompanying PI or visit: <https://santyl.com/sites/default/files/2019-12/SANTYL-PI.pdf>. You are encouraged to report negative side effects of prescription drugs to FDA. Visit MedWatch or call 1-800-FDA-1088.