

Case study: Traumatic abrasion

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Smith+Nephew

Collagenase
SANTYL [◇]

Ointment 250 units/gram

Patient

82-year-old male with a history of hypertension, osteoarthritis, GERD, colon cancer with resection, and severe rhabdomyolysis.

Wound presentation

A traumatic abrasion to the right knee sustained when crawling for help after a fall. The wound had been treated with Vaseline™ Petrolatum Gauze. The knee exhibited unstable eschar and fluctuance. Vaseline™ Petrolatum Gauze treatment was discontinued at baseline due to the dry nature of the wound.

Treatment

The wound was cleansed daily using normal saline, then debrided with SANTYL Ointment (plus surgical debridement on day 7), followed by a hydrogel cover dressing to assist in activating the collagenase enzyme, and a dry dressing. Dressings were changed daily and as needed.



- 5.0cm x 4.5cm (depth undetermined)
- 95% black necrotic tissue
- SANTYL Ointment initiated

Results

A 91% reduction in wound size was achieved in 4 weeks, along with significant enzymatic debridement. SANTYL Ointment was discontinued.

Individual results will vary.

Treatment



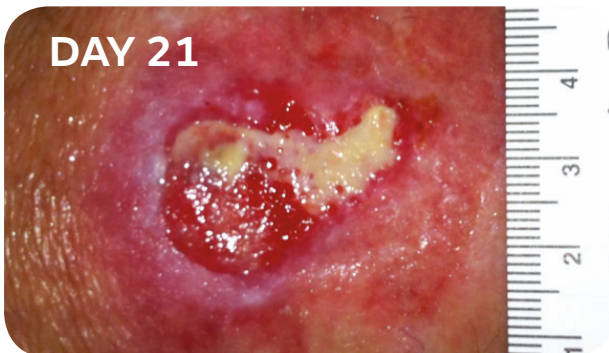
DAY 7

- 3.5cm x 3.0cm (depth undetermined)
- 75% yellow necrotic tissue
- Additional 25% of necrotic tissue surgically debrided



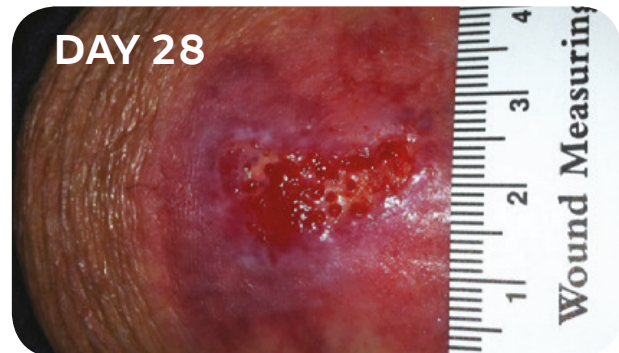
DAY 14

- 2.8cm x 2.3cm (depth undetermined)
- 40% yellow necrotic tissue and 60% pink granulation tissue



DAY 21

- 2.5 cm x 2.0 cm (depth undetermined)
- 35% yellow necrotic tissue and 65% red granulation tissue



DAY 28

- 2.0cm x 1.0cm; 0.3cm depth
- 20% yellow necrotic tissue and 80% red granulation tissue
- SANTYL^o Ointment discontinued



Learn more

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.