Case study: Traumatic injury and degloving

Contributed by Paul Glat, MD

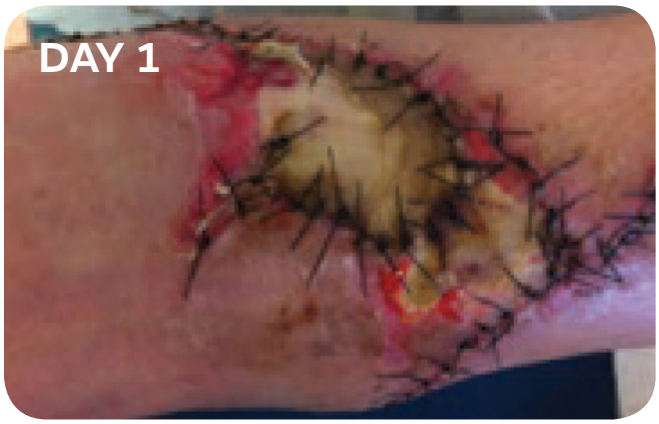
Smith+Nephew

Collagenase SANTYL◊
Ointment 250 units/gram

Patient
18-year-old male with an unremarkable medical history.

Wound presentation
A degloving of the skin over the anterior ankle resulting from a fall. Within 1 week of suturing, partial necrosis of the skin flaps developed. Previous treatment consisted of Xeroform™ gauze and antibiotic ointment.

Treatment
Application of SANTYL Ointment daily for debridement.

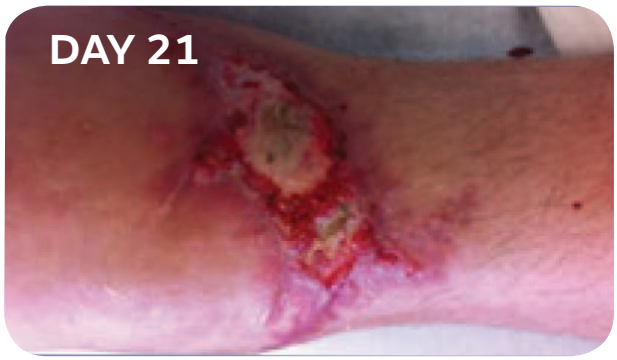


- 8.0cm x 5.2cm
- Full-thickness injury
- Black and yellow necrotic tissue present
- SANTYL Ointment initiated

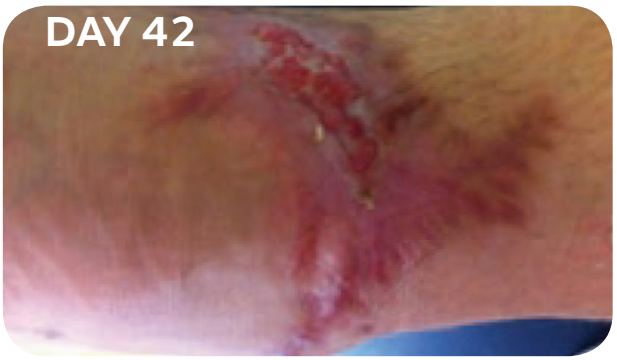
Results
100% granulation tissue achieved in 6 weeks and SANTYL Ointment was discontinued.

Individual results may vary.

Traumatic injury:
Ankle



- 5.0cm x 2.5cm
- 75% yellow necrotic tissue and 25% granulation tissue
- Sutures were removed
- SANTYL® Ointment continued



- 2.6cm x 1.0cm
- Wound fully debrided
- 100% granulation tissue
- SANTYL 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.

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