Necrotic eschar:
Forearm

Case study: Necrotic eschar on right forearm

Contributed by James Edward Chappell, MD, FACS

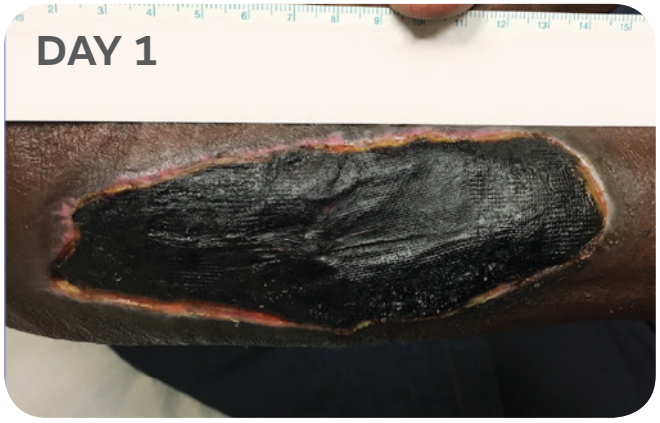
Smith+Nephew

Collagenase SANTYL◊
Ointment 250 units/gram

Patient
69-year-old non-smoking, African-American male with a medical history of deep vein thrombosis, hip surgery, prostate cancer, ankle fusion, radial nerve palsy, and blood clots. Medications include warfarin, calcium supplements, and metoprolol.

Wound presentation
The hematoma is evacuated by an orthopedist in the emergency room leaving full-thickness skin necrosis.

Treatment
Daily saline wash and application of SANTYL Ointment, which facilitated a bloodless eschar debridement. Patient seen by physician every 2 weeks.



- Wound measures 13.1cm x 5.0cm
- Daily SANTYL Ointment application started by orthopedist 3 days prior to baseline and continued post-baseline
- After a daily wash, SANTYL Ointment was applied at home by patient on top and along the edges' of eschar with a saline dampened gauze dressing

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Results
100% granulated tissue achieved in 10 weeks and SANTYL Ointment was discontinued.

Individual results may vary.

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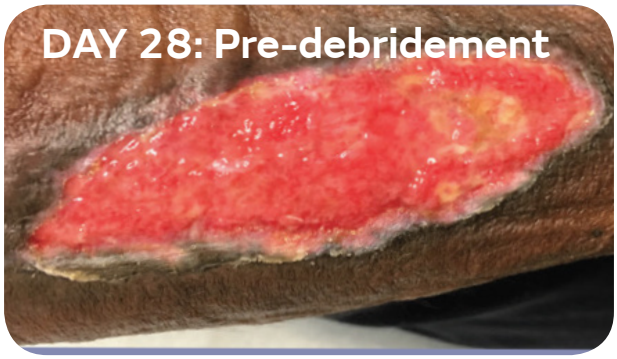
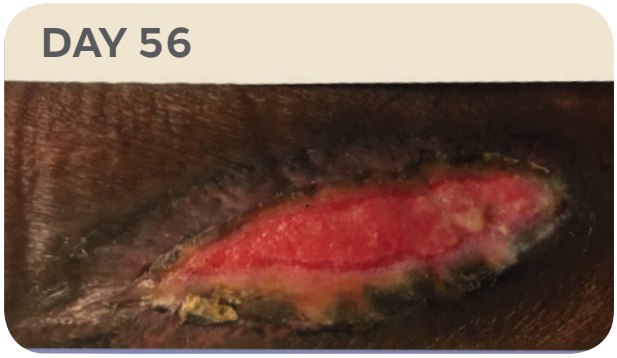
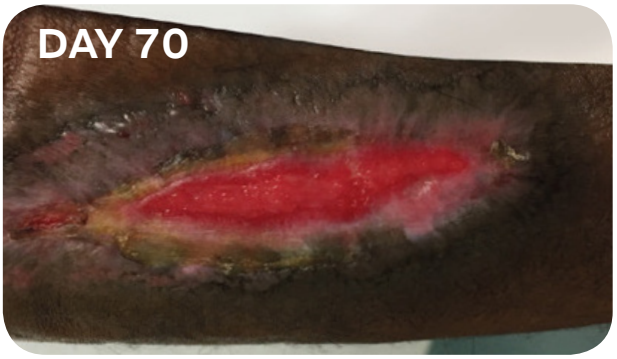
Treatment



- Wound measures 10.4cm x 2.9cm, approx. 39% smaller from baseline
- No purulence, cellulitis, or odor
- Mostly granulation tissue with necrotic subcutaneous tissue visible throughout
- Wound is sharp debrided with a large curette removing the necrotic subcutaneous tissue
- Daily wash and SANTYL® Ointment application with saline dressing continued



- Wound measures 5.2cm x 1.0cm, down 83% from Day 28 and 93% from baseline
- Surface area nearing complete granulation
- Some necrotic subcutaneous tissue
- No cellulitis
- Daily wash and SANTYL Ointment application with saline dressing continued



- Wound measures 4.6cm x 0.9cm, 95% reduction from baseline
- 100% granulated
- Discontinued SANTYL Ointment
- Initiated hydrogel daily dressing changes

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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