

Case study: Bulla of unknown etiology

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Smith+Nephew

Collagenase
SANTYL 
Ointment 250 units/gram

Patient

An 82-year-old male presented to the hospital with pneumonia and sepsis. During his exam, a large bulla was found on his left foot. A vascular workup revealed mild PAD (no intervention done). His past medical history includes type 2 diabetes, hypertension, congestive heart failure, dyslipidemia and asthma. The patient's medications include atenolol, bumetanide, ergocalciferol, glimepiride, insulin lispro, hydrochlorothiazide, isosorbide mononitrate, insulin glargine, losartan, pantoprazole and simvastatin.

Wound presentation

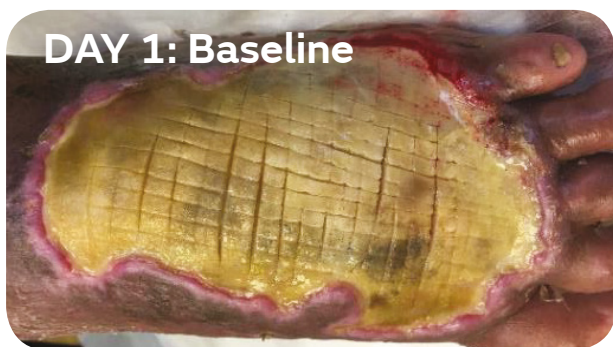
The patient had a large, dark, fluid-filled bulla on the dorsum of his left foot. The fluid was evacuated at bedside with a #11 scalpel following povidone iodine prep. It was dressed with a petroleum dressing gauze and secured with roll-gauze. The cultures of the bulla fluid were unremarkable. The patient was discharged from the hospital with instructions for wound center follow-up in 7–10 days. The patient followed up six weeks later.



Treatment

Sharp debridement and 126 days of treatment were initiated whereby 112 days were physician-prescribed SANTYL Ointment only with moist gauze dressings and 14 days were patient-initiated medicinal honey only.

Treatment



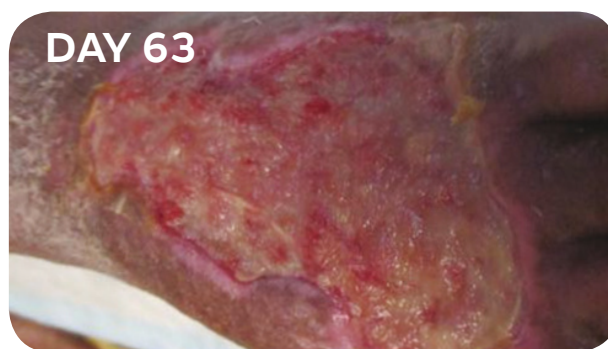
- Six weeks post-hospital discharge
- Wound measures 11.2cm x 8.2cm
- Skin grafting recommended; patient declined
- Wound cross-hatched
- Daily SANTYL^o Ointment initiated per manufacturer's protocol with petroleum gauze dressing secured with roll-gauze



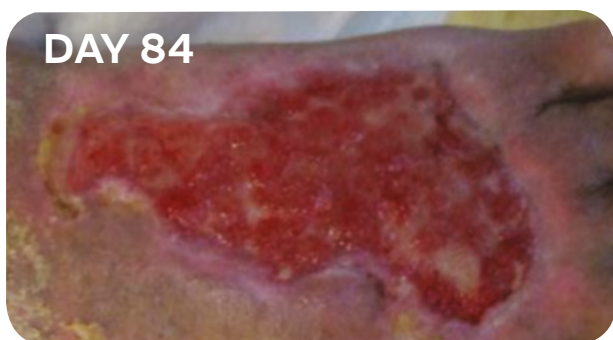
- Wound measures 10.8cm x 7.4cm
- Limited sharp debridement performed; topical anesthesia ineffective
- Daily SANTYL Ointment with petroleum gauze dressing continued



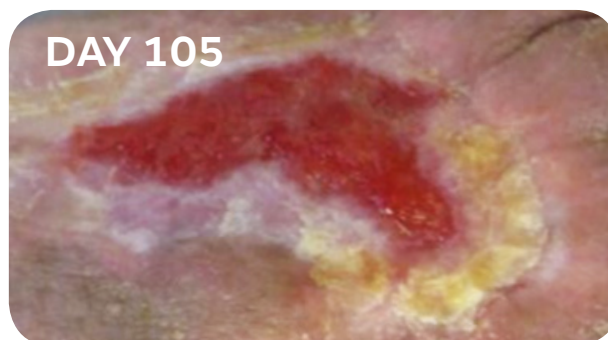
- Wound measures 10.2cm x 6.7cm
- No sharp debridement performed
- Daily SANTYL Ointment recommended for continuation but patient declined continued treatment
- Patient initiates over-the-counter medicinal honey



- Patient returns to wound clinic after two weeks of OTC medicinal honey
- Wound measures 9.7cm x 6.1cm
- Decline in progress measured by marked and visible re-accumulation of fibrin & slough
- No sharp debridement performed
- Daily SANTYL Ointment with petroleum gauze dressing restarted

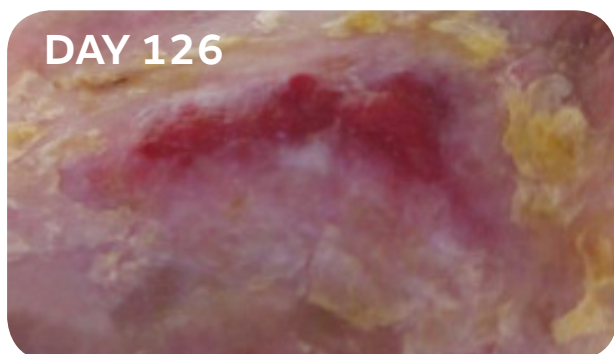


- Wound measures 8.0cm x 4.5cm
- No sharp debridement performed
- Daily SANTYL Ointment with petroleum gauze dressing continued to be applied on entire open wound bed



- Wound measures 6.5cm x 3.6cm
- No sharp debridement performed
- Daily SANTYL Ointment with petroleum gauze dressing continued to be applied on entire open wound bed

Treatment



- Wound measures 4.0cm x 2.3cm
- No sharp debridement performed; wound fully debrided
- Daily SANTYL^o Ointment discontinued
- Hydrogel application and gauze dressing initiated

Results

Sixteen weeks of SANTYL Ointment treatment with a petroleum gauze dressing, despite a brief treatment interruption, resulted in full debridement of the wound.

Individual results may vary.



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.