Burn:
Abdomen

Case study: Partial-thickness burn to abdomen

Contributed by Paul Glat, MD

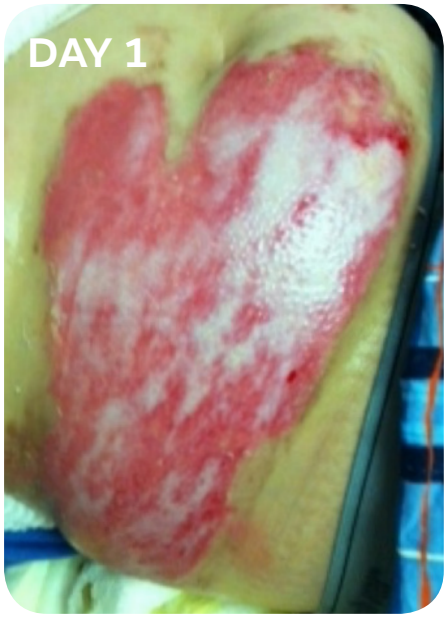
Smith+Nephew

Collagenase
SANTYL◊
Ointment 250 units/gram

Patient
A 19-year-old male patient with an unremarkable medical history.

Wound presentation
A deep, partial-thickness burn on the abdomen covering 6% of total body surface area was caused by a cooking oil spill. The wound was initially surgically debrided and treated with a Silver Sulfadiazine (SSD) cream. After 5 days, the wound had deepened.

Treatment
Debridement with SANTYL Ointment and initiation of an antibacterial powder.



- Partial-thickness burn
- White eschar and pink granulation tissue initially present
- Wound deepened, more white eschar present
- Daily SANTYL Ointment and antibacterial powder initiated

Results
Complete debridement was achieved within 11 days and SANTYL Ointment and antibacterial powder were discontinued.

Individual results may vary.

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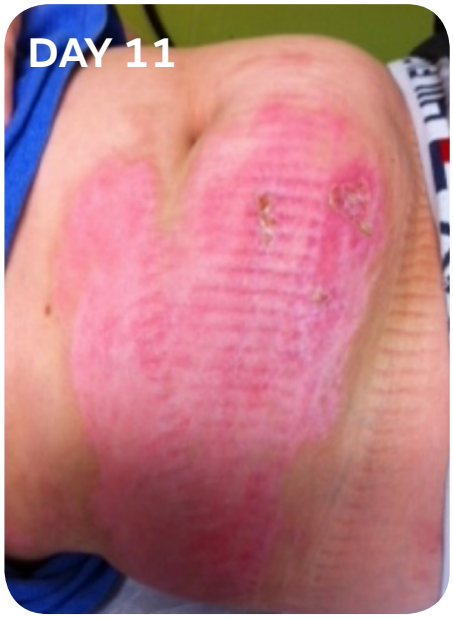
Treatment



- 95% granulation tissue
- SANTYL® Ointment and antibacterial powder discontinued
- Application of a petrolatum impregnated gauze dressing with antibiotic ointment instituted

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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