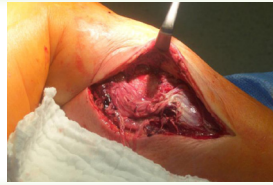


14.01.



Findings on admission:
Erysipelas on left lower leg. Conservative therapy with damp gauze and IV antibiotics.



Indication for incision with increasing signs of inflammation. Widespread fascial necrosis apparent.



Debridement and fasciectomy



Debridement and fasciectomy. First dressing change in ICU. In the course of sepsis, the patient is intubated and requires catecholamine.



Dressing change with several layers of MOMOSAN® white



Simple dressing change. Breathable dressing can be applied without any problems, even with anaerobic bacteria.



Fixing of the foam sheets with a simple gauze bandage. The wound can be checked at any time.

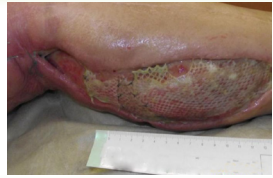


Absorption of secretions after one day.

11.02.



Secondary suture to reduce the wound surface area after the sepsis therapy.



Failed attempt of autologous split-thickness skin grafting.

26.02.

26.03.



Discharge day: Good granulation tissue formation and non-irritated wound edges. Bandage applied at home by outpatient care service

Summary:

Complicated erysipelas progression with resulting fasciitis.
In-patient stay for 10 weeks with sepsis progression.
Erysipelas based on generalised vascular sclerosis without the possibility of interventional or operative revascularisation.
Accompanied by cardiovascular risk profile (diabetes mellitus, coronary bypass)