

female, 35 years of age, breast cancer with resulting amputation of the right breast, re-modelling of breast with abdominal tissue, inflammation of scars.

Patient:

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Anamnesis:

The patient's right breast had to be removed due to malign breast cancer. After an approximately one-year treatment and healing phase, the right breast was reconstructed. After approximately one month after surgery, the scar became inflamed. This inflammation was treated with hydrocolloid and fleece compresses. The patient also received a corticoid to inhibit the inflammation. From the beginning of January until May, the wound became worse. Due to severe necrosis, it was difficult to continue treating the wound this way. Surgical debridement was out of the question because the surgeons did not know what expected them beneath the necrosis.

Start of the treatment with MOMOSAN: MOMOSAN is capable of absorbing a large quantity of exsudate and gently loosen the necrosis at the same time (= mechanical debridement)

On 25 May, the medical staff started wrapping MOMOSAN around the necrosis (= remainders of the open wound). On top of the wound, they placed a sterile MOMOSAN pad (cut to wound size), and another non-sterile MOMOSAN pad as secondary dressing. The dressings were only changed once a day. This continued over a period of eight days. At the same time, the patient still received cortisone applications. After two days already, it became evident that the necrosis started to detach. On 02 June, it was possible to work the necrosis to the side a bit and line the wound with more MOMOSAN. Now the exsudate quantity increased considerably, which is why the patient had to change the dressing 2 to 3 times a day with instructions. She was told that the discharge of reddish-brown exsudate from the secondary dressing was an indication to change the dressing. On 06 June, the patient was able to remove the necrotic tissue herself during a change of dressing. It had detached. The further course of treatment included that the patient appears once a week for an outpatient examination and otherwise performs the change of dressing herself as before. The wound was rinsed at each of these checkups. The patient was instructed to cover the wound dressed with MOMOSAN additionally with waterproof foil to perform her daily hygiene without restriction (which prevented possible contamination).

At the beginning, the wound became deeper and larger, which is due to the healing progress. With MOMOSAN, the fibrins detached more and more, the excess exsudate was drained well, but still the wound was kept moist. The cortisone application was discontinued on 23 June because there were no more germs and inflammations.

According to the patient, she initially changed the dressing two to three times a day. As of the end of June, these intervals became significantly longer because the exsudate quantity decreased. Now she only replaced the MOMOSAN dressing every 2nd day. In the last three weeks prior to the closing of the wound on 14 August, she only had to change the dressing with prior d-line ZCR zinc ointment treatment every 3rd day.

Process of healing:

Start of treatment:

25. May

Detachment of the necrosis in the 2nd week on:

06. June

End of treatment: After 12 weeks on:

14. August

Change of dressing at the start:

2 to 3 times a day

Change of dressing after approx. 4 weeks:

every 2nd day

Change of dressing after approx. 9 weeks:

every 3rd day



Complete photo documentation at www.momosan.com

Material required: MOMOSAN

4 pck. MOMOSAN-white sterile, 10 pcs. per package
24x16x1cm Item no. 61903 € 79,90 each

2 pck. MOMOSAN-white non-sterile, 26 pcs. per package
15x10x1cm Item no. 61101 € 59,80 each

Total treatment costs for 12 weeks

€ 295,80

MOMOSAN®

Application report