TREATMENT OF A PRESSURE SORE TO A NEONATE AT THE BACK OF THE HEAD AND NECK USING AN ENZYME ALGINOGEL

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INTRODUCTION

Although pressure sores are less frequent with neonates and infants, growing evidence suggests that seriously ill children run more risk of developing pressure sores than the average pediatric patient. Neonates form a specific risk group. Neonatal skin is very thin and underlying fat tissue is only slightly present. Intubation as well as immobilization and the presence of medical equipment increase the risk for pressure sore development. The back head is a well-known area of attention when preventing pressure sores with infants (Solis *et al*., 1988).

TREATMENT

After intubation, a neonate was transferred to the neonatal department of the intensive care unit of a university hospital. A pressure sore developed at the back of the head and neck.
At the first consultation, hair in the immediate vicinity of the wound was shaved off. The aim was to debride the wound, to remove necrosis and fibrinous tissue.
The wound was first cleaned with a PHMB based solution and an enzyme alginogel* was applied to promote autolytic debridement, wound healing and to prevent infection. A dressing coated with a layer of silicone was chosen that does not cause pain on removal. Position of patient was frequently changed.

RESULTS

The wound seemed to enlarge initially while wound borders were inflamed. Bacterial culture showed *Staphylococcus epidermis* contamination. An antimicrobial therapy was not initiated. Gradually necrotic and fibrinous tissues were debrided and wound border advancement was noticed.

CONCUSION

The enzyme alginogel* appeared to be a safe and efficient treatment procedure for the treatment of the infected pressure sore with this baby.

*Enzyme alginogel=Flaminal®Hydro

Flen Pharma