



Reports of practical experience from the burn center and plastic surgery department of the emergency hospital of Targu-Mures (Mures county, Romania) from Dr. Adrian Botan.

The complete report you can see on our homepage www.ligasano.com

Case 1

65 years old, female, with full-thickness contact burn (hot oven) on the left lateral thigh.



Fig. 1.1.
Before debridement with LIGASANO® white



Fig. 1.2.
Under treatment with LIGASANO® white wound dressing



Fig. 1.3.
Under treatment with LIGASANO® white wound dressing



Fig. 1.4.
After two weeks of treatment with LIGASANO® white the wound is clean and ready to be grafted with split skin graft



Fig. 1.5.
After transplantation of the graft. The graft took very well.



Fig. 1.6.
After transplantation of the graft. The graft took very well.

Case 2

50 years old, male, with epilepsy and chronic alcohol abuse. Extensive (both lower limbs) full-thickness flame burn. This is one of the most suggestive and difficult cases, because this man had a very deep burn destroying his left knee joint and without LIGASANO® we would have to amputate his left lower limb. Instead of this he left the hospital after 6 months and 8 operations with his two legs, "completely repaired".



Fig. 2.1.
Before treatment with LIGASANO® white



Fig. 2.2.
Before treatment with LIGASANO® white



Fig. 2.3.
Before treatment with LIGASANO® white



Fig. 2.4.
LIGASANO® white circular dressing
(multilayered)

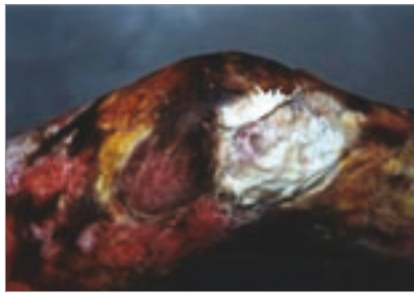


Fig. 2.5.
Debridement of all devitalised tissues under
LIGASANO® white dressing

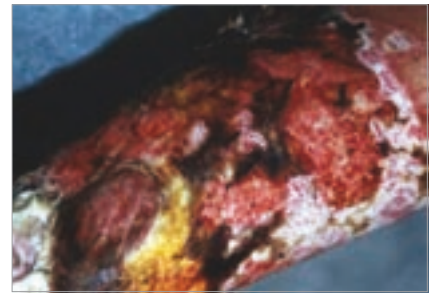


Fig. 2.6.
Debridement of all devitalised tissues under
LIGASANO® white dressing



Fig. 2.7.
Some different stages of this treatment



Fig. 2.8.
Some different stages of this treatment

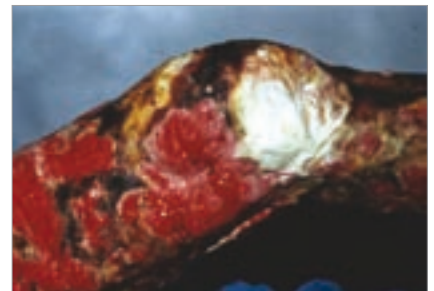


Fig. 2.9.
Some different stages of this treatment



Fig. 2.10.
This natural and non-aggressive debridement
continues

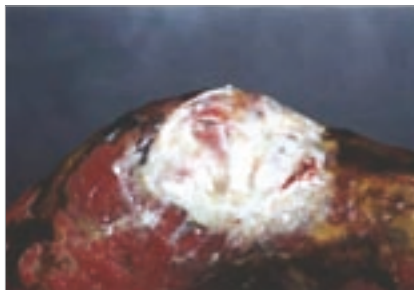


Fig. 2.11.
The left knee joint showing a large opening



Fig. 2.12.
The left knee joint showing a large opening



Fig. 2.13.
The wound is more and more clean and
smaller



Fig. 2.14.
After external fixation and re-grafting



Fig. 2.15.
The wound is very clean and ready to accept
a new skin graft

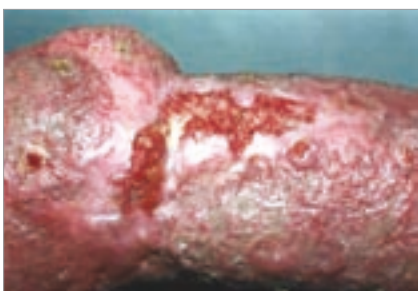


Fig. 2.16.
After several skin grafts and removal of the
external fixation



Fig. 2.17.
The remaining narrow wound healed
spontaneously with LIGASANO® white
dressing only

Case 3

75 years old, male, with full-thickness flame and contact roght facial burn (hot oven). This is a recent case that is still in process.



Fig. 3.1.
Initial aspect at the admission in the Burn Unit



Fig. 3.2.
Treatment with LIGASANO® white dressing



Fig. 3.3.
After one month of treatment with LIGASANO® white the frontal bone denuded



Fig. 3.4.
After one month of treatment with LIGASANO® white the frontal bone denuded



Fig. 3.5.
Curing surgery: two large "H-shaped" advancement flaps to close the frontal bone, combined with full-thickness skin graft for the upper and lower eyelid ectropion



Fig. 3.6.
Few days after surgery: a small raw area is still present but the skull bone is completely covered



Fig. 3.7.
Different aspects during the postoperative treatment with LIGASANO® white



Fig. 3.8.
Different aspects during the postoperative treatment with LIGASANO® white



Fig. 3.9.
Different aspects during the postoperative treatment with LIGASANO® white



Fig. 3.10.
Different aspects during the postoperative treatment with LIGASANO® white

The case that is still in process, because this patient has developed an unstable scar covered by a very thin epithelium which ulcerates in the middle.

Case 4

38 years old, male, with 3rd degree frostbite at both feet. Inpatient for three days, then treated as an outpatient.



Fig. 4.1.
Initial aspect under LIGASANO® white treatment



Fig. 4.2.
Initial aspect under LIGASANO® white treatment



Fig. 4.3.
Some aspects after surgical debridement followed again by LIGASANO® white dressing



Fig. 4.4.
Some aspects after surgical debridement followed again by LIGASANO® white dressing



Fig. 4.5.
Final aspect (after three month) with complete wound healing and an acceptable scar.

Case 5

57 years old, female, with venous insufficiency, leg ulcer and extensiv lipodermatosclerosis.



Fig. 5.1.
Initial aspect



Fig. 5.2.
Treatment with LIGASANO® white dressing



Fig. 5.3.
After five weeks of treatment with LIGASANO® white



Fig. 5.4.
Complete healing with a stable scar tissue after about two months of treatment with LIGASANO® white, changed once in a week.

Case 6

45 years old, demale, with a very old giant venous leg ulcer (over 15 year of evolution).



Fig. 6.1.
Initial aspect before treatment with LIGASANO® white



Fig. 6.2.
With LIGASANO® white dressing in position, that removed in few weeks all debris, drained secretion and cured the infection.



Fig. 6.3.
After three weeks of treatment with LIGASANO® white the wound is very clean and ready to accept a split skin graft.



Fig. 6.4.
The wound before grafting, with very good granulation and few secretions.

Case 7

61 years old, male, with diabetic foot (Charcot foot), amputation of the big and 3rd toe and recurrent osteoarthritis.



Fig. 7.1.
Initial aspect after wide excision of the necrotic tissue.



Fig. 7.2.
The wound is packed with a "wick" of LIGASANO® white foam.



Fig. 7.3.
The LIGASANO® white wick is draining the wound.



Fig. 7.4.
Two weeks later the wound is smaller and very clean with no pus or debris.

Case 8

29 years old, male, with a left forearm abscess, incised and drained with LIGASANO® white wicks.



Fig. 8.1.
Initial aspect before surgery.



Fig. 8.2.
The abscess was incised and drained with LIGASANO® white.



Fig. 8.3.
The LIGASANO® white wick is removed from the very large cavity of the abscess.



Fig. 8.4.
Three weeks later the wound is almost closed with no more infection or inflammation.

Case 9

33 years old, male, with a recurrent pilonidal sinus, widely excised and packed with LIGASANO® white.



Fig. 9.1.
One week after surgery. The wound is completely stuffed with LIGASANO® white.



Fig. 9.2.
After three weeks of treatment with LIGASANO® white.



Fig. 9.3.
Final result after four weeks. No recurrence after three years.

Case 10

51 years old, male, paraplegic, with extensive sacral pressure sore.



Fig. 10.1.
Initial aspect before any treatment.



Fig. 10.2.
The wound is packed with LIGASANO® white sheets.



Fig. 10.3.
After several dressing changes the wound is smaller and cleaner.



Fig. 10.4.
One week after surgery.

Case 11

30 years old, male; this young paraplegic man has had a lumbar fracture 10 years ago and he had several recurrent sacral and ischial pressure sores which have been operated in this department.



Fig. 11.1.
Deep left ischial pressure sore.



Fig. 11.2.
Deep left ischial pressure sore.



Fig. 11.3.
The wound is packed and drained with LIGASANO® white.



Fig. 11.4.
The wound is packed and drained with LIGASANO® white.



Fig. 11.5.
The wound is packed and drained with LIGASANO® white.



Fig. 11.6.
The wound is packed and drained with LIGASANO® white.



Fig. 11.7.
Supplementary sheet of LIGASANO® white over a LIGASANO® white wick in position.

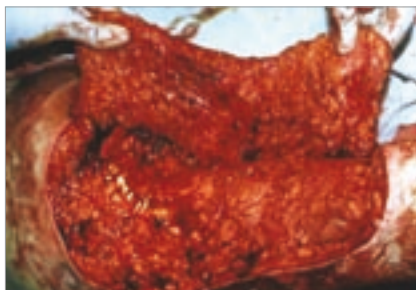


Fig. 11.8.
A very large posterior thigh flap prepared to cover the pressure sore.



Fig. 11.9.
A very large posterior thigh flap prepared to cover the pressure sore.



Fig. 11.10.
Different stages of the surgical procedure.



fig. 11.11.
Different stages of the surgical procedure.



Fig. 11.12.
Different stages of the surgical procedure.



Fig. 11.13.
Different stages of the surgical procedure.



Fig. 11.14.
Final result three weeks after surgery.



Fig. 11.15.
Left recurrent ischial pressure sore, two years later.



Fig. 11.16.
Wound treatment with LIGASANO® white.

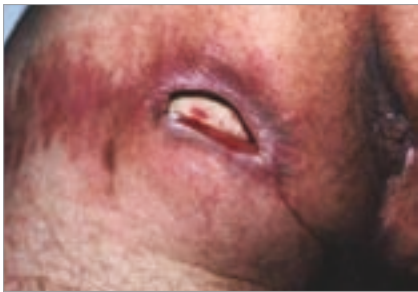


Fig. 11.17.
Different stages of treatment with LIGASANO® white before surgery.



Fig. 11.18.
Different stages of treatment with LIGASANO® white before surgery.



Fig. 11.19.
Different stages of treatment with LIGASANO® white before surgery.



Fig. 11.20.
Different stages of treatment with LIGASANO® white before surgery.

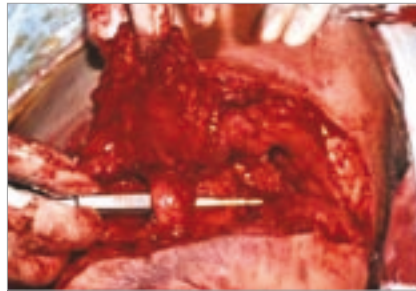


Fig. 11.21.
Large gluteus maximus muscular flap to cover the left ischial pressure sore.



Fig. 11.22.
Three days after surgery.



Fig. 11.23.
Three days after surgery.



Fig. 11.24.
Three weeks after surgery. No recurrence in the last 12 months.

Case 12

26 years old, male, paraplegic, with extensive sacral, ischial and trochanteric pressure sores.



Fig. 12.1.
Initial aspect before treatment.



Fig. 12.2.
Initial aspect before treatment.



Fig. 12.3.
Different stages of LIGASANO® white treatment in order to clean the wound and to prepare it for surgery.



Fig. 12.4.
Different stages of LIGASANO® white treatment in order to clean the wound and to prepare it for surgery.



Fig. 12.5.
Different stages of LIGASANO® white treatment in order to clean the wound and to prepare it for surgery.



Fig. 12.6.
Surgical procedure.



Fig. 12.7.
Surgical procedure.

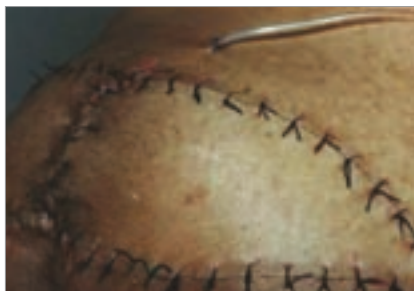


Fig. 12.8.
Three days after surgery.



Fig. 12.9.
One week after surgery



Fig. 12.10.
10 days after surgery.



Fig. 12.11.
One month after surgery.



Fig. 12.12.
Bilateral ischial pressure sores one year after the initial treatment.



Fig. 12.13.
Bilateral ischial pressure sores one year after the initial treatment.



Fig. 12.14.
Local treatment with LIGASANO® white.



Fig. 12.15.
After two weeks the wounds are clean and prepared for surgery.



Fig. 12.16.
First step: direct closure and drainage.



Fig. 12.17.
Second step: two very large bilateral posterior thigh flaps have been raised to cover the ischial pressure sore.



Fig. 12.18.
Few days after surgery.

Case 13

39 years old, male, paraplegic, with a huge sacral sore.



Fig. 13.1.
Before any treatment



Fig. 13.2.
The wound is packed with several layers of LIGASANO® white.



Fig. 13.3.
3-4 weeks after treatment with LIGASANO® white dressing.



Fig. 13.4.
3-4 weeks after treatment with LIGASANO® white dressing.



Fig. 13.5.
3-4 weeks after treatment with LIGASANO® white dressing.



Fig. 13.6.
Extensive surgical procedure with bilateral gluteus maximus musculocutaneous flaps and a posterior thigh flap.



Fig. 13.7.
One day after surgery.



Fig. 13.8.
One week after surgery.



Fig. 13.9.
Three weeks after surgery.

Case 14

80 years old, male, with a basal cell carcinoma on the right anterior scalp.



Fig. 14.1.
Initial aspect one day after extensive removal of the BCC.



Fig. 14.2.
Treatment with LIGASANO® white dressing.



Fig. 14.3.
Five weeks after surgery showing a good cosmetic appearance.



Fig. 14.4.
Early recurrence on the suture line and no recurrence in the area treated with LIGASANO® white.



Fig. 14.5.
Another subcutaneous recurrence in the suture line.



Fig. 14.6.
Surgical removal of this last lesion and LIGASANO® white dressing again.



Fig. 14.7.
Final aspect after subcutaneous wide excision of that tumor. No recurrence again in the area treated with LIGASANO® white.

Case 15

22 years old, female, with hidradenitis suppurative of the left axilla, incised and drained with adapted LIGASANO® white wicks.



Fig. 15.1.
Initial aspect before treatment.



Fig. 15.2.
The abscess cavity packed with LIGASANO® white.



Fig. 15.3.
One week after surgery.



Fig. 15.4.
Two weeks after surgery: the wound is very clean and will be closed by second intervention in the next days.

LIGASANO® foam dressing and its multiple uses in plastic surgery.

All the cases have been treated by Dr. Adrian Botan in the Burn Centre and Plastic Surgery Department, Emergency Hospital of Mures County - Romania

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