

Alexander M. Reyzelman DPM, FACFAS-Assistant Professor, Chair Department of Medicine
California School of Podiatric Medicine, Samuel Merritt College

This 45 y.o. male presented with an abscess on the plantar aspect of the 1st metatarsal. He was admitted to the local hospital and on the same day underwent an I&D procedure. His WBC count on admission was 13,000 and he had fever of 101.4. Intra-operative findings demonstrated abscess formation within the medial compartment of the plantar left foot. Patient was started empirically on broad spectrum IV antibiotics and local wound care was initiated. Wet to dry saline dressing changes were performed three times per day until the wound appeared to be free from residual infection. On Post-op day #3 the wound appeared to be free of residual infection and skin margins were viable.



Figure 1: Day 1



Figure 2: I&D performed the same day



Figure 3: DermaClose applied on Post-op day#3

However, there was a significant defect along the proximal one half of the wound that could not be brought together primarily. Due to the large defect proximally, the decision was made to apply the DermaClose™RC. After a sterile prep of the area, the application of the DermaClose device was performed at bedside. Local anesthesia was unnecessary due to severe peripheral sensory neuropathy. The wound with the DermaClose was subsequently dressed with adaptic, 4x4 gauze and Kerlix roll. Throughout this time patient remained in hospital as an in-patient.

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Twenty four hours after application of DermaClose, patient was taken to the operating room where skin anchors were removed and delayed primary closure was performed with 2-0 Nylon suture (hospital day#4). On hospital day #5 patient's WBC count was within normal limits and he was afebrile. He was discharged on hospital day #5 with strict instructions for non-weight bearing. Patient was subsequently seen in the office on weekly basis. At six weeks post-op his incision site was 95% epithelialized with superficial gapping seen at the distal most aspect of the incision.



Figure 4: 24 hrs post application



Figure 5: 24 hours after delayed primary closure



Figure 6: 6 week post-op follow up

In this particular case the use of DermaClose allowed us to close the wound primarily (delayed) vs. allowing the wound to heal by secondary intention. In addition, the patient left the hospital with a closed wound and less risk of developing a recurrent wound infection.