

CONCLUSION

AUTOLOGOUS SKIN CELL SUSPENSION (ASCS) IN COMBINATION WITH WIDELY MESHED SKIN GRAFTS APPEAR TO BE WELL-SUITED FOR TREATMENT OF LARGE WOUNDS RESULTING FROM NECROTIZING SOFT TISSUE INFECTIONS (NSTI).

SIGNIFICANCE STATEMENT

Similar to severe burn injuries, the magnitude and scope of NSTI necessitates radical debridement often creating challenges in wound care, preservation of function, and cosmetic outcomes.

DATA SOURCE/POPULATION

- A retrospective chart review was performed on a patient with NSTI of the abdomen.
- The patient received autologous skin cell suspension as an epidermal graft in combination with widely (3:1) meshed skin grafting.
- The wounds were covered with a non-adherent dressing along with bismuth-impregnated, petroleum-based gauze with Q48 hour dressing changes.

RESULTS



2 months s/p multiple debridements



POD #2 STSG (3:1) with ASCS



POD #7 STSG (3:1) with ASCS



POD #12 STSG (3:1) with ASCS

LESSONS LEARNED

The patient demonstrated decreased healing times, decreased donor site size, and an acceptable cosmetic outcome.

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