

Using an Enzyme Alginogel to treat Intertriginous MASD in a high risk 88-year-old patient

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Introduction

Intertriginous dermatitis (also known as intertrigo) is a clinically inflammatory condition that develops in opposing skin surfaces in response to friction, humidity, and reduced air circulation (occlusion). Intertrigo dermatitis can occur in any area of the body where there are two skin surfaces in close contact with each other. However, it occurs more commonly in the natural large skin folds of the body such as the axillary, inframammary, umbilical, perianal and inguinal areas ⁽¹⁾.

This case study describes an 88-year-old lady who was admitted to a local hospital following a fall and sustained subsequent fractures of the left humerus and pubic rami, where she underwent surgery to repair with the insertion of a dynamic hip screw. With the high risk of sepsis, the patient was treated with intravenous antibiotic therapy. The patient's co-morbidities included chronic obstructive pulmonary disease, ischaemic heart disease, myocardial infarction, and rheumatoid arthritis. She was referred to the Tissue Viability Specialist Nurse with extremely painful exuding blisters and intertriginous moisture associated skin damage (MASD) due to oedema and maceration of tissue to the upper arm. The blisters extended across the scapula, top of arm, axilla and around the underside of the breast. Measurements of the affected area proved to be difficult due to the widespread nature of skin damage, therefore, clinical photography was utilised to support management progress. Skin barrier products were initially implemented by ward staff in the interim, until a review by the

Tissue Viability Specialist Nurse was undertaken. The initial assessment by the Tissue Viability Specialist Nurse revealed severe erythema to more than 50% of the broken skin area, with smaller regions that were exuding large volumes of exudate or were bleeding. The edges of the affected areas were remarkably healthy although bruising from the fall was evident to the surrounding tissue.

Method

The Tissue Viability Specialist Nurse Treatment aims were to achieve moisture control, offer protection of the skin with the intention to improve the skin integrity. The extensive area and position of the affected area proved difficult to dress and the Enzyme Alginogel Flaminal[®] Forte was selected as the primary dressing choice. Flaminal[®] was chosen for its proven easy application formulation and its ability to manage moisture by means of its higher alginate content. Flaminal[®] is known for its soothing properties whilst in situ and during the periods of dressing change. A secondary dressing was not required and Flaminal[®] Forte was applied daily to the affected areas. An absorbent management pad like sheet was utilised to wick away fluid that was present secondary to oedema, ensuring that the skin contact layer remained dry.

Result

The length of treatment spanned across 12 days in total, from commencement of Flaminal[®] to healing. There was a significant reduction in the size of the affected area and the severity of MASD, as it went from moderate to mild within 5 days, particularly under the breast region. As the moisture levels decreased, Flaminal[®] Hydro was considered, the sister product of Flaminal[®] Forte which has a lower alginate content and is indicated for low to moderate levels of exudate. However, the patient was reluctant to allow this change, as she had stated a preference for the Flaminal[®] Forte and had reported a reduction in pain with its use. Her expressed wishes to continue with the same management plan was approved.

Discussion

Moisture associated skin damage can often be clinically challenging to treat and manage due to the difficult areas of the body that it presents in. Intertrigo is seen across all care settings and is increasingly common in patients with diabetes, patients with obesity and those who need assistance with hygiene or self-caring activities of daily living ⁽²⁾. Individuals with MASD experience persistent symptoms that affect quality of life, including pain, burning and pruritis that require appropriate evidence-based management in order to ensure positive patient outcomes ⁽¹⁾.

Conclusion

This case study emphasises the importance of an effective and easy to use dressing regime for difficult to manage areas; ward-based clinicians found Flaminal[®] Forte fulfilled this necessity and supported the wound management process. The treatment aims were achieved in a timely manner. Flaminal[®] facilitated a moisture balance environment and offered protection of the skin whilst supporting the restoration of optimum skin integrity. The patient was already suffering from intense pain from the original injuries of her fall pre-admission and therefore minimising movement and handling treatment, prevented further discomfort which was extremely important. The use of Flaminal[®] with its ease of application supported the treatment aims and promoted patient comfort and a positive outcome.

References

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2. Hovan HM, (2021) Intertriginous Dermatitis: Risk Factors, Diagnosis, Prevention, and Treatment. Wound Source. Available online at: <https://www.wound-source.com/blog/intertriginous-dermatitis-risk-factors-diagnosis-prevention-and-treatment>

Armpit



Breast

