LETTER TO THE EDITOR

Further success in the use of topical negative pressure therapy in difficult breast wounds

Dear Editors,

We wish to write in response to the recent case report by Dr A. J. Richards et al. (1).

We would like to contribute a report of successful wound healing of a chronic postoperative breast wound on using topical negative pressure dressings.

Our 69-year-old female patient underwent a left therapeutic mammaplasty for grade II invasive papillary carcinoma with total tumour diameter of 33 mm. Her postoperative recovery was complicated by severe fat necrosis and Staphylococcal wound infection, which despite surgical debridement for wound toilet and resuturing of the mammaplasty, left her with a non-healing discharging sinus to the lower pole of the breast and a significant cavity within the breast envelope, confirmed by ultrasound scanning.

The wound was managed with alginate-type packing through the small wound sinus for 5 months with no progression of wound healing during this time. She was referred to the Plastic Surgery Service via the Breast Surgery MDT as the delay in commencement of radiotherapy due to her open wound was becoming a significant concern.

During our review, the wound was not clinically infected, but the large cavity within the breast was probed and found to be approximately 5 × 6 cm. We decided to instigate topical negative pressure therapy using the KCI ActiV.A.C system and V.A.C.® (Kinetic Concepts Inc., San Antonio, TX) GranuFoam dressing was packed into the breast cavity. Therapy was commenced at 125 mmHg continuous.

The dressing was changed on average every 5 days by trained District Nurses at the patients’ home, with fortnightly review at the Plastics Dressing Clinic. Patient compliance was excellent and almost exactly 5 weeks from commencing the negative pressure therapy the wound healed and by 6 weeks she had commenced her radiotherapy.

We would therefore like to reinforce to the readership that Dr Richards’ success with negative pressure therapy (1) in difficult breast wounds has been replicated with major clinical benefits in our patient.

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Reference