

Case study: Deep- to partial-thickness road rash (burn)

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Smith+Nephew

Collagenase
SANTYL 
Ointment 250 units/gram

Patient

53-year-old homeless African-American female was struck and dragged by a car while crossing the street. The patient has a medical history of malnutrition, smoking, alcohol abuse and intravenous drug use.

Wound presentation

The patient presented with a deep- to partial-thickness road rash (burn) to the anterior torso/chest wall. She suffered extensive additional injuries, including multiple fractures and internal bleeding. The patient was kept in a trauma intensive care unit for stabilization of the injuries.

Treatment

Because the patient was initially unstable for operating room debridement, a perioperative antibiotic, cefazolin, was administered. The wound was first cleansed with chlorhexidine scrub and then irrigated daily with normal saline after the dressings were removed. Enzymatic debridement was performed and followed with a once daily application of SANTYL Ointment with petroleum gauze dressing changes.



- 15% total burn surface area (TBSA)
- Burn thoroughly cleansed at bedside with chlorhexide scrub
- SANTYL Ointment with petroleum gauze dressings initiated

Results

Dramatic debridement and the establishment of granulation tissue was achieved after daily application of SANTYL Ointment with petroleum gauze dressings over three weeks.

Individual results may vary.



Learn more

Treatment



POST BURN DAY (PBD) 1

- 15% TBSA
- Wound cleansed by saline irrigation
- SANTYL[◊] Ointment with petroleum gauze dressings continued



PBD 5

- Patient stabilized, VERSAJET[◊] II debridement performed on PBD 3
- Patient deemed too critically ill for skin graft
- 12% TBSA
- Wound cleansed by saline irrigation
- SANTYL Ointment with petroleum gauze dressings continued



PBD 17

- 8% TBSA
- Wound cleansed by saline irrigation
- SANTYL Ointment with petroleum gauze dressings continued



PBD 24

- <1% TBSA
- Wound cleansed by saline irrigation
- SANTYL Ointment continued on non-blanching portions of burn; petroleum gauze dressings continued on entire wound
- Patient transferred to rehabilitation center where SANTYL Ointment was continued for approximately one more week on smaller burn areas to facilitate complete debridement

Important Safety Information

Indications: Collagenase SANTYL Ointment ("SANTYL") is a prescription-only medication indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warning and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme's activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established. **Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. For complete prescribing information, please refer to the accompanying PI or visit: <https://santyl.com/sites/default/files/2019-12/SANTYL-PI.pdf>. You are encouraged to report negative side effects of prescription drugs to FDA. Visit MedWatch or call 1-800-FDA-1088.