Clinical Presentation and Case Background
A 63-year-old morbidly obese female patient presented to the emergency room with right buttock pain, redness, swelling, and fever. The patient had a history of diabetes, hypertension, hyperlipidemia, and morbid obesity (BMI 58). Upon admission, the patient underwent a physical examination, computerized tomography (CT) scan, and incision/drainage of an abscess. She was diagnosed with Fournier’s gangrene of the groin and perineum and transferred to the intensive care unit (ICU) for treatment.

Management of Wound
The patient was immediately started on antibiotics, followed by incision and drainage of the purulent infected region. On Day Two, the patient was taken to the operating room where she was found to have “extensive infection and necrotic tissue involving the right mons pubis, labia majora, perineum, and gluteal” regions.

The patient underwent debridement of the abdominal wall and perineal areas to remove the infected and necrotic tissue (Figure 1). On Day Five, the patient underwent a second debridement followed by application of approximately 4,500mg of MicroMatrix and four 10cm x 15cm Cytal Wound Matrix 6-Layer devices to cover the wound. The Cytal Wound Matrix devices were secured with 2.0 absorbable synthetic sutures and covered with non-adherent mesh dressing, followed by application of saline gauze in a wet to dry fashion. There were no complications related to the treatment of Fournier’s gangrene. Debridement and subsequent wound management were well tolerated by the patient.

Outcome of Management and Follow-up
Following the application of MicroMatrix and Cytal Wound Matrix, rapid tissue ingrowth negated the need for a skin graft. On Day Ten, it was the treating physician’s opinion that the patient did not require ongoing intensive care; she was discharged to a long-term acute care (LTAC) facility where she underwent weekly dressing changes (Figures 2, 3). During five of these dressing changes, additional MicroMatrix and Cytal 2-Layer devices were applied. The patient did not experience any complications related to the treatment of Fournier’s gangrene while she was an inpatient and there were no 30-day readmission post-discharge from the ICU (Figure 4).
**ACell Product Summary**

The initial application consisted of approximately 4,500mg of MicroMatrix and four 10cm x 15cm Cytal Wound Matrix 6-Layer devices were applied to the wound following the second of two debridements. Follow up treatment used MicroMatrix and Cytal Wound Matrix 2-Layer.

**Source**

This case was managed by Joshua Pessin, MD, at an urban, non-teaching hospital in Wisconsin, USA. Dr. Pessin is a board certified general surgeon.