CHRONIC PRESSURE ULCERS IN A CASE OF SPASTIC PARAPLEGIA FOLLOWING DIVER’S DISEASE (DECOMPRESSION SICKNESS), THE NEED FOR INTERDISCIPLINARY MANAGEMENT

Ilias Karagiannakis 1, A. Kontaxakis1, E. Diamantidis1, A-M. Nella1, G. Stourgis-Venetas2, E. Gamatsi2, Evangelia Livana 3, A. Aggelis 4, P. Marouli 4, D. Kagiouli1, S. Fotaki 1 & C-A Rapidi1.

1. Department of Physical Medicine and Rehabilitation, General Hospital of Athens Gennimatas
2. Department of Plastic Surgery, General Hospital of Athens Gennimatas
3. Department of Physiotherapy G.H.A., Gennimatas
4. Department of Occupational Therapy G.H.A. Gennimatas

Introduction: Treatment of chronic recurrent pressure ulcers is a challenge for the rehabilitation team. Their prevalence in persons living in the community is as high as 17-32%1-3, with higher impact 10 years after injury and their impact on quality of life is significant4.

Purpose: Study of the need for interdisciplinary therapeutic treatment in a case of chronic recurring pressure ulcers at a rehabilitation department in a general hospital.

Method: case report presentation

Results: A 42-year-old patient with incomplete spastic paraplegia neurological level T7 (AIS B), following diver’s disease, twelve years post injury. Patient presented pressure ulcers of grade IV over both sciatic curvatures for the last five years. During that time, the patient has undergone multiple treatments (wound dressings, surgical debridement, hyperbaric oxygen chamber sessions, antibiotic therapy) with partial healing of the ulcers. Osteomyelitis had been diagnosed and the patient was hospitalized in internal medicine department for proper therapy. Eighteen months post hospitalization the patient was admitted in PRM department with recurrent pressure ulcers. Patient was assessed and treated for: Malnutrition, lower limb spasticity (dantrolene, and botulin toxin A for regional spasticity of both iliopsoas), urinary incontinence (oxybutynin, and regular program of bladder emptying with intermittent self-catheterizations). He was also assessed and followed-up by psychologist. CT, MRI, bone scintigraphy and ulcer fistulography, were used for pressure ulcers imaging. Ulcers were surgically treated with direct wound closure from a plastic surgeon.

Discussion and Conclusion: Pressure ulcers in patients with SCI present a significant cost for the health care system5 and often lead to recurrent hospitalizations, multiple surgeries, and impact quality of life4. After 5 years of unsuccessful mainly home-based conservative treatment, hospitalization in the PRM department with interdisciplinary approach of the rehabilitation team, led to complete ulcer’s healing.

References