

## Case report: The innovative use of modified vacuum dressing in post vulvectomy wound

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### Abstract

We herein report a case of a 20-year-old nulliparous female that had congenital HIV and has been on HAART since birth. She presented with large, extensive and obstructive genital warts. The genital warts consisted of features in keeping with histological benign lesion condyloma acuminata.

She was surgically managed with a simple vulvectomy without anal sphincter and urethral involvement. The surrounding skin appeared unhealthy and with minimal subcutaneous fat leading to wound breakdown and necrosis.

Features of this case are discussed together with its implications, including the size and extensiveness of the warts, the possibility of underlying malignancy despite histology and delayed wound healing due to secondary infection and necrosis. Additional measures taken to promote wound healing were the use of negative pressure dressings (vacuum dressing) - a not commonly used intervention in the vulva region in our department. In addition, this was a modified approach using alternative materials that allowed for exudate management, granulation and an opportunity for secondary closure and a cosmetically healed vulval wound.

In applying the principles of negative pressure wound therapy in a low resource setting we achieved shortened hospital stay, cost effective outpatient management, minimal dressing changes, better pain control, easy mobilisation and wound granulation and healing allowing for secondary closure with good cosmesis.

### Biography

Mary Adam completed Bachelor of Medicine from The Nelson R. Mandela School of Medicine at University of Kwazulu Natal, RSA. She always holds a bachelor's degree in nursing from University of Johannesburg and diploma in sports management and medicine from Boston City Campus, RSA. She is currently a medical officer working toward her master's in medicine and fellowship in obstetrics and gynecology. She works at Chris Hani Baragwanath Academic Hospital, known to be the 3rd largest hospital in the world, where she is involved in clinical, academic, research and administrative activities. Her recent involvement with research includes ASOS-2 trial and international collaborations with the randomised control trial with global surgery - falcon and cheetah trial. Her clinical/academic and administrative roles involve maternal infectious disease, blood-patient management, antimicrobial stewardship and strategies in reducing and managing surgical site infections (wound management).

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