**Objectives:**

1. Develop a plan in the treatment of difficult scalp wounds with challenging dressing management.
3. Identify a comfortable, flexible dressing for a painful scalp wound.

**Abstract:**

CASE #1: 69 year old patient with blunt force traumatic injury on left parietal scalp, 3 weeks non-healing. Patient presented with 100% thick eschar. Glycerine hydrogel placed to prepare the wound for series of debridements. Healed in 28 days.

CASE #2: 70 year old patient with a history of scleroderma, presented with a grotesque scalp wound which had been ineffectively treated by physicians over a period of five years. Treatment included initial debridement of nonviable tissue followed by placement of a glycerine hydrogel sheet for residual slough requiring further debridement. Healed in 27 days.

CASE #3: 58 year old patient presents with eschar and slough covered wound of initial unknown origin. Assessment revealed etiology reflective of an insect bite. Treated with a glycerine hydrogel sheet. Healed in 41 days.

**RATIONAL:**

Glycerine hydrogel sheet selected for the following: * Dehydration of black eschar, softening of slough * Conformability * Comfort * Prevention of infection * Maintenance of optimal healing environment * Ease of dressing changes.

**CONCLUSION:**

Difficult to manage scalp wounds had been worrisome for the patients and their families prior to their wound clinic appointments. By treating each wound with a glycerine hydrogel sheet, the wounds were treated effectively, efficiently and the treatment was comfortable for the patients. The glycerine hydrogel sheet prevented infection during treatment by providing a bacteriostatic base and provided an optimal healing environment for granulation and epithelialization of the wounds.
**Case #1:**

**Photo #1 (3-2-2012):**
69 year old patient with blunt force traumatic injury on left parietal scalp. Three weeks non-healing. Presents with scalp wound related to falling down stairs. Undermining 0.5cm - 0.6cm @12:00, 3:00 & 9:00cm. Wound was 100% eschar measuring 2.0cmL x 1.7cmW. 80% eschar debrided. Remaining eschar adhered at base.

**Photo #2 (3-5-2012):**
Patient was seen three days after initial visit. Wound measured 1.5cmL x 2.0cmW with depth 0.8cm. Wound appears grotesque and foul smelling.

**Photo #3 (3-26-2012):**
Scalp wound covered with drainage caked hair. Debrided. Wound measured 9.0cmL x 6.7cmW. Treated with enzymatic debrider, topical antibiotic and glycerine hydrogel sheet. Tubigrip to secure.

**Photo #4 (4-2-2012):**
6 days later, wound measured 0.7cmL x 0.7cmW, shallow. Hydrolyzed collagen powder sprinkled onto bed of wound, covered with glycerine hydrogel sheet, secured with tubigrip.

**Photo #5 (4-9-2012):**
7 days later, scalp wound was healed. Patient very happy with treatment as wound healed in 27 days.

**Case #2:**

**Photo #1 (7-11-2012) before**
Scalp wound covered with drainage caked hair. Debrided. Wound measured 1.1cmL x 3.4cmW. 50% adhered eschar after debridement. Treatment was glycerine hydrogel sheet with tubigrip to secure.

**Photo #2 (7-19-2012) after**
7 days later, patient presented to wound clinic with measurement of 0.7cmL x 2.2cmW. Patient was pleased as wound no longer caused pain or odor. Base of wound pink. Starting to granulate. Drainage decreased. Treatment was the same with the glycerine hydrogel sheet offering the most comfort and ease of use.

**Case #3:**

**Photo #1 (3-2-2012):**
Right Scalp wound. 100% eschar covered prior to sharp debridement. Wound measured 1.1cmL x 3.4cmW. 50% adhered eschar after debridement. Treatment was glycerine hydrogel sheet with tubigrip to secure.

**Photo #2 (7-23-2012):**
7 days later, wound measured 0.8cmL x 3.3cmW. Wound bed prepared per glycerine hydrogel sheet - for sharp debridement. Able to debride all of slough, eschar. Treatment: enzymatic ointment, antibiotic ointment and glycerine hydrogel sheet.

**Products used in Case Studies:**
- Santyl™
- Bactroban™
- Silvasorb Gel™
- Kaltostat™
- AMD Gauge
- Silvadene
- Elasto-Gel™ Glycerine Wound Dressing