

Sutureless Closure of a Large Wound

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Abstract

A wound closure with the help of adhesive tapes is well documented in literature. Here we are presenting a case report of a large wound (38 cm) on the upper limb, approximated with only micropore tapes and healed completely after 10 weeks.

Introduction

We report a case in which a large fasciotomy wound was closed using only micropore tape. Sutureless closure of skin has been mentioned in literature and has been in use, where skin has been approximated using tapes after subcutaneous suture.¹ We have achieved complete healing in a large fasciotomy wound without any subcutaneous closure by using only microtapes.

Case Report

A 22 year old male was operated for Pilonidal Sinus under General Anaesthesia in prone position during which he developed pulmonary oedema, for which he was put on ventilator and shifted to Intensive Care unit. In ICU a CVP line was inserted in the right upper arm after which he developed compartment syndrome, for which a large fasciotomy was done. After patient recovered from pulmonary oedema and discharged from ICU, patient was advised fasciotomy closure.

Relatives of the patient refused to give consent for fasciotomy wound closure in view of previous anaesthesia related complications, in spite of reassurance and counseling.

So the fasciotomy wound which was 38 cm in length on the forearm and arm and exposing muscles and tendon below, was approximated using

micropore tapes, without any subcutaneous closure.

The wound was clean and without any slough when we started applying tapes. During application of tapes the skin on both sides of the wound was pinched together to reduce the tension on the wound. The dressing was done on twice a week basis. During application of micropore tape some gap was always left between the tapes for the drainage of the discharge.

Wound was completely healed after 10 weeks. Now patient is receiving treatment for hypertrophic scarring in the form of aloe vera cream, silicone sheet, steroid injections and pressure garment.

Discussion

In literature it has been mentioned that skin can be approximated with Adhesive tapes after subcutaneous sutures with satisfactory results.² In this case a large fasciotomy wound was closed without subcutaneous suture since patient refused anaesthesia, and skin was approximated using micropore tape with complete healing occurring in 10 weeks, with a fair outcome without the need for a skin grafting.

References

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