

CASE STUDY: *hy*CURE®

46 Year-Old White Female with Intraoral Wound Dehiscence S/P Mandibular Reconstruction

A short history, Ms. Howell is a 46-year-old female who is referred to our office following complications from a genioglossus pull through for her obstructive sleep apnea. Following the genioglossus pull through, she developed a fracture of the symphysis of her mandible and an infection around the area of the genioglossus pull through.

The prior surgeon removed the smaller bone plates and put on a larger reconstruction plate. Following, placement of the plate a dehiscence developed exposing the plate. We removed the exposed plate and placed a new reconstructive plate from mandibular angle to angle and attempted to close the intraoral dehiscence; however, the area of the anterior vestibule, where the intraoral dehiscence was located, broke down resulting in exposure of our reconstruction plate.

In addition she developed an infection in this area. We took her back to the operating room to perform an incision and drainage, and irrigated the submental space infection. During this time we stumbled upon the *hy*CURE® and started applying that in the dehiscence of the lower anterior vestibule two times a day. We continued irrigating the area before each dressing change.

The initial photo shows the wound prior to placement of the *hy*CURE®. After a month we had complete closure of the dehiscence and complete resolution of the infection. The reconstruction plate stayed in place and we later went back and bone grafted the area uneventfully.

Warm regards,

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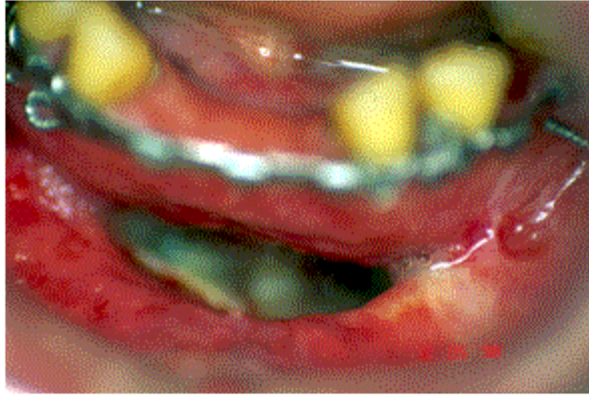


photo above: *hy*CURE® powder in place

