

COMBINATION OF MEDICAL AND SURGICAL TREATMENT OF TRAUMATIC WOUND IN CAT – CASE REPORT

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Traumatic skin wound are often very common and challenging part in veterinary practice. The most common type of traumatic injuries in cats is traffic accidents. Main problem of many feline injuries is the lack of “the golden period” of the first 6-8 hours in which a contaminated wound can be converted to a clean-contaminated wound that can be closed surgically. Despite the nature of the wound, the healing process goes through phases of hemostasis, inflammation, proliferation and maturation and remodeling. Although skin injuries are not life-threatening, the prolonged period of wound healing, patient discomfort, pain, extended veterinary care as well as increased financial costs for the owners, can deteriorate the patient’s quality of life as well as owners satisfaction. In order to avoid that, an appropriate wound management requires a multimodal approach, such as medical and surgical treatment. The aim of this report is to present a combination of conservative and surgical treatment of large skin wound in right axial region including the elbow in a 1 year old tomcat, due to traffic accident. A week before admission at the University veterinary clinic the wound was closed by primary closure, however, due to the severity of the injury and the inappropriate treatment the wound underwent infection and dehiscence. After thorough flush and debridement, the wound was dressed with adherent primary layer and changed regularly until visible granulation tissue was formed. The wound care in the following period was done using Hydrocolloid film (Lohmann&Rauscher), as a primary layer, and changed every third day in order to stimulate granulation and epithelization. After the 57th day epithelialization stopped and hard, granulation tissue was formed around the elbow. On the 60th day, the patient was submitted to reconstructive surgery and axial rotational flap was used to cover the defect. The skin edges of the defect were trimmed and the underlying tissue scraped with a scalpel blade to promote healing and the flap was rotated and sutured to the fresh skin defect edges using 4/0 Polipropylene. Additional tacking sutures were placed to ensure the expansion of the flap and mesh incision were made to allow the fluid drainage. Manuka honey dressing (Kruuse) was used to promote granulation and epithelialisation. On the 10th day after the surgery, necrosis around the elbow occurred and the skin sutures were removed. Combination of Manuka and Hydrocolloid dressing were used in the next 30 days until visible epithelialisation and wound cover was achieved. Large skin wound injuries can be very challenging and usually more than one method for repair is needed. Cats

have a different vascular blood supply compared with dogs, which results with granulation tissue production and epithelialisation.

Key words: cat, traumatic wound, epithelialisation, hydrocolloid, manuka