



The Use of Topical Wound Oxygen (TWO₂) in a Severe Lower Extremity Staph Infection Status Post Incision and Drainage

This is a case of a 48 yr/males with a hx of Afib, GERD, and HTN who presented to the Emergency Room with a CC of an ongoing infection of the Right Lower Extremity following a prior admission for Cellulitis; last admission Methicillin Sensitive *S. aureus* (MSSA) infection of the Right leg 7 days S/P.



*PRIORITY ADMISSION: MSSA
IV Cefazolin 2 gms D5W 50/50
Oral Keflex: 500 mg qid x 14
**NEW ADMISSION: MSSA and
Strep Pyogenes
IV Cefazolin 2 gms D5W 50/50
Mini-bag infusion 30 min q 8 hrs
Oral: Keflex: 500 mgs qid x 14

CLINICAL PRESENTATION: multiple pustules of the lower Right Lower Extremity, Cellulitis, purulent drainage
X-rays: unremarkable and no gas involvement
CT Scan: superficial soft tissue fluid collections diffuse
WBC 15.1, CRP 14, Sed Rate 24, Neutrophils 82.3, T 103
*Fluctuance dorsal foot, proximal 1/3 leg medially.
*Lymphadenopathy: groin, lower extremity edema
Blood Cultures: negative

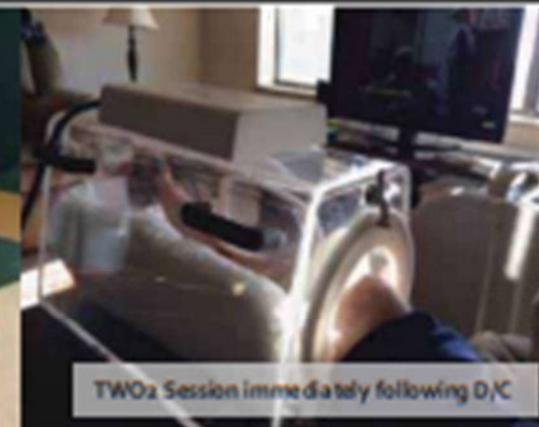


TREATMENT: An emergent, full thickness incision and Drainage was performed from the proximal 1/3 of the leg to the distal Right foot. Approximately 30ccs of purulent drainage was evacuated and deep cultures were taken (noted above results). The wound was partially closed, and following post op day 3, Topical Wound Oxygen was initiated for 30 minute sessions BID. Iodoforb dressings QID x 14 daily upon weight bearing. No further complications were encountered and full recovery noted at 7 weeks.

CONCLUSION: The author presents a case of a Fulminant Right Lower Extremity Infection following a recent 1 week hospitalization and discharge for Cellulitis and blisters of the Right Lower Extremity. TWO₂ was very beneficial s/p I&D and should be considered for complicated, open post operative wounds.



S/P Day 1: I&D of the Right Lower Extremity



TWO₂ Session immediately following D/C



S/P Day 50



S/P Day 21



S/P Day 35



S/P Day 49

S/P Day 29