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The challenge management of hypergranulation tissue.

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Background

Hypergranulation tissue can impede healing in severalways. It may prevent the migration of epithelial cells across the wound surface and increase the risk of infection.(Vuolo,2010) Hypergranulation tissue is an overgranulation, it is comprised of new connective tissue and tiny blood vessels that form on the surfaces of a wound during the healing process and stops the healing process. It has a friable red, sometimes shiny and soft appearance that is above the level of the surrounding skin. Cause of hypergranulation tissue are moist areas from exudates or bleeding, prolonged physical irritant or continued pressure.(Garten, 2015)

Care Report

A 13 -year-old female was diagnosed SLE with IgA nephropathy (IgAN) with CKD stage 3. She treated hemodialysis and high dose steroid used lead to poor skin integrity and easily to skin breakdown. She has a wound at left wrist 100% hypergranulation tissue.

Intervention

1. Cleansed with normal saline on skin breakdown
2. Protected surround skin with skin barrier cream
3. Absorbed excessive exudate and prevent infection with hydrofiber Ag. that covers all of wound bed and wound edge for compress and maintains moisture balance.
4. Used soft silicone polyurethane foam for manage exudate and wrapped conform bandage.

Results

After 7 days of management, the hypergranulation tissue was obviously reduced and decreased wound size.

Figure 1 Wound progression

Conclusion

Hydrofiber wound dressing can control exudate, promote epithelial tissue and pressure from dressing that resolved hypergranulation tissue and enhance wound healing.

Reference

Garten, A. J. (2015). Keys To Diagnosing And Addressing Hypergranulation Tissue. Podiatry Today, 28(6), 26. Retrieved from https://www.podiatrytoday.com/blogged/keys-diagnosing-and-addressing-hypergranulation-tissue

Vuolo, J. (2010). Hypergranulation: exploring possible management options. Br J Nurs, 19(6), S4-8.

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