

## Clinical challenge: Dehiscence Wound S/P Sebaceous Cyst excision\*

Kanchana Rungsangjun MA, RN, ET

Jilaphorn Saengkham RN, ET

Siriraj Hospital, Mahidol University, Thailand

### Abstract:

Dehiscence wound was an Enterostomal Therapist nurse (ET nurse) challenge as in the case of Infected Sebaceous Cyst resulting in surgical removal of the cyst. When traditional approaches to wound care fail, a hydrofiber Ag dressing can be managing bacteria burden and ozonated oil can promote moist wound healing environment.

**Keyword:** Sebaceous cyst, Dehiscence wound

### Introduction

A sebaceous cyst is a sac under the skin filled with a cheese-like or oily material. Sebaceous cysts most often arise from swollen hair follicles. Skin injury can also cause a cyst to form. A sac of cells is created into which a protein called keratin is secreted.<sup>1</sup> Cysts may become infected and form painful abscesses. Medical Treatment for Infected Sebaceous Cyst will probably prescribe antibiotics and surgical removal of the cyst.<sup>2</sup>

An infected cyst may require oral antibiotics or other treatment before or after excision. If pus has already formed then incision and drainage should be done along with avulsion of the cyst wall with proper antibiotics coverage.<sup>3</sup> There are also occurs wound infected dehiscence.

### Case Report

This case report is a 77 years old female. She has had comorbidities include Diabetes Mellitus, hypertension, dyslipidemia, spinal stenosis and OA both knee. She stated she has a

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\* Rungsangjun K, Saengkham J. Clinical challenge: Dehiscence Wound S/P Sebaceous Cyst excision. In: Poster presentation of 22<sup>nd</sup> Biennial Congress, World Council of Enterostomal Therapy (WCET); 2018 Apr 14-18; Kuala Lumpur, Malaysia.

painless cyst that under the skin on her left lower leg. The cyst includes tenderness and redness over the affected skin. She administrated oral antibiotic and was treated sebaceous cyst with pus draining by surgeon.

About 2 weeks after excision, the wound was dehiscence and infected, wound bed were cleaned wound non-granulation and yellow slough, erythema surrounding skin, serous moderate exudates and none odour. The right wound measurements were 0.6x1.4x1.1 cms. and the left wound measurements were 2x0.8x0.8 cms with undermining at 7 o'clock. (Figure 1)



Figure 1 : The wound on initial evaluation

### **Nursing Intervention:**

The goal management was reducing infection and promotes wound healing. Treatment procedure mentioned below:

1. Irrigate with Normal saline solution was performed in order to mechanical debridement and bacterial removal.
2. Protecting surrounding skin with skin barrier film. (Figure 2)
3. Managing exudate and bacteria burden with hydrofiber Ag plus dressing. These processes were autolytic debridement yellow slough and promote granulation tissue. (Figure 3)
4. Cover with gauze and light bandage.



Figure 2 : The skin barrier film



Figure 3 : The hydrofiber Ag plus dressing

After wound care starting 4 weeks. The wound was improved and exudates were reduced (scant exudate). (Figure 4) Treatment procedure mentioned on promote moist wound healing environment and increase ozone with ozonated oil. Cover with hydrogel sheet.

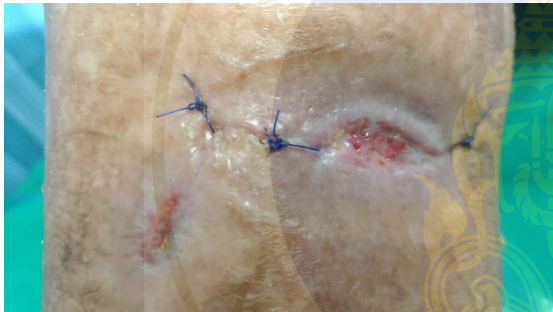


Figure 4 : The wound



Figure 5 : The ointment consisting of ozonated vegetable oil

### Results:

The dehiscence and infected wound was healing about 6 weeks after starting wound care. (Figure 6)



Figure 6 the healed wound

## Conclusion

Dehiscence wound post-surgical removal of sebaceous cyst was challenge for control bacteria growth and promote moist wound healing environment. These advanced wound dressing has complete the goal management and some advantages; reduces local pain and dressing changes. The patient feels comfortable and improves quality of life.

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