

Management of Cervical lymph node abscess

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Introduction

A chronic wound is generally a wound that doesn't start to heal within four weeks or hasn't healed within eight weeks. While underlying causes of chronic wounds vary from patient to patient, they tend to occur in patients with poor blood circulation, diabetes, serious infection, gangrene or for other reasons related to a patient's condition.



Case Report

An 38 years old female was diagnosed Disseminated TB (Lung, Axilla, and Neck) on anti-TB drug 9 month later. The left cervical lymph node change to rupture abscess s/p debridement 4 month later. (figure 1)

Assessment

100 % Yellow slough at wound bed, wound edge no epithelialization, moderate to excessive exudates and surrounding skin had erythema. (figure 2)



Intervention

Intervention procedures are cleansing, decontaminating the wound and surrounding skin with saline. Apply cleansing gel 0.1% polihexanide plus 0.1 % betaine over the entire wound bed for 15 minutes to penetrate difficult to remove coating, lifting debris, bacteria, slough and biofilm. Protecting surrounding skin with skin barrier film. Maintains a moist environment, autolytic debridement and managing exudates and infection with Hydrofiber Ag and Hydrofiber Foam dressing offer comfort, simplicity and healing benefits.



Conclusion

About 2 month after starting wound care. A chronic and infected wound was promoted healing, 100% granulation tissue at wound bed, reepithelialization began at the wound edge, surrounding skin intact. (figure 3)