

**Case report 1:
Subungual, chronic necrotising
inflammation.**

Fig. 1a

**State after partial nail extraction and débridement,
1 day postoperatively.**

Fig. 1b

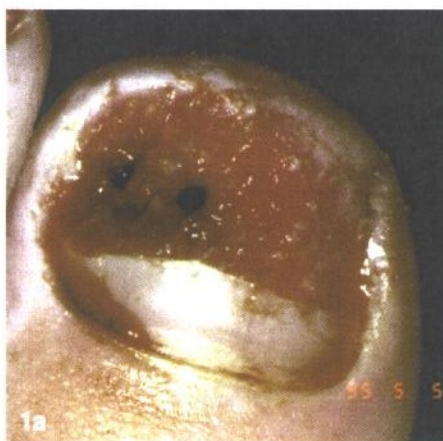
**25 days postoperatively:
persisting serous secretion
in the resection area.**

Fig. 1c

**46 days postoperatively:
conclusion of wound
treatment.**

Fig. 1d

**Follow-up 87 days postoperatively:
undisturbed nail
growth.**



anaesthesia. Débridement of the gelatinous-necrotic tissue down to the periosteum of the distal phalanx. Result of the histopathological examination of the excised tissue: chronic necrotising inflammation; no sign of malignancy. Microbiologically: no germs present. Intra-operative insertion of calcium alginate into the wound bed, aseptic coverage with compresses. Bone marrow biopsy (Yamshidi puncture technique) without abnormal findings.

Progress (Fig. 1a-d): On the 1st postoperative day, wound free from irritation; calcium alginate cover completely transformed into gel, painlessly removed. Abundant serous wound secretion soaking the wound dressing. Slight maceration of the lateral edge of the wound. Older thrombotic deposits in the resection area. During a period of 25 days under daily dressing change, increasing granulation of the wound bed; however, persisting serous secretion in the resection area. No clinical signs of secondary wound infection at any time. Scab formation over the entire wound area and cessation of exudation on day 34 after partial nail extraction and débridement of

the nail bed. Undisturbed healing process under treatment with gauze swabs and daily dry dressing changes. Regular nail growth ensued.

Case report 2

71-year-old patient with a secondarily healing wound, following formation of haematoma and seroma in a surgical wound after left antero-axillary thoracotomy (Fig. 2a). State after pneumonectomy for a central bronchogenic carcinoma 11 days before occurrence of the wound dehiscence. Removal of the skin suture on day 10 postoperatively.

Local findings: About 4 cm long wound with considerable subcutaneous pocket formation under the wound edges; much old thrombotic material; wound bed with beginning granulation; wound edges well supplied with blood; extensive perifocal haematoma formation; no local signs of infection. No fever; no leukocytosis. No pathological change in the coagulation parameters according to laboratory.

Therapy: Digital removal of the thrombotic material; insertion of calcium alginate compresses and daily

dressing changes. Aseptic wound coverage with gauze swabs.

Progress (Fig. 2a-h): Dressings were changed initially (over the first 10 days) twice daily, later, once daily, using calcium alginate. Undisturbed granulation and retraction of the wound within 24 days. Conclusion of the wound treatment by secondary suture under local anaesthesia. At no time any clinical signs of wound inflammation. Microbiologically, swabs showed bacterial contamination with *Staph. aureus*, however, no bacterial infection with respect to the clinical progress.

Case report 3

68-year-old patient with an approximately 5 cm long wound edge necrosis in the central area of an antero-axillary thoracotomy wound on the right side (Fig. 3a), state after extended (transpericardial) pneumonectomy for a central bronchogenic carcinoma 10 days earlier. Immediate dehiscence of the wound edges due to slight manual traction, applied vertically to the wound edges. Subcutaneous tissue likewise inadequately perfused; wound bed with fibrinous coat;