# Use of Ultra-Thick Amniotic Membrane Allograft<sup>†</sup> in the Management of Necrotizing Fasciitis

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### Introduction

Necrotizing Fasciitis (NF) is a rapidly progressing soft-tissue infection involving necrosis of fascia and subcutaneous tissue. NF is associated with systemic toxicity and mortality rates as high as 35%.<sup>1, 2</sup> Immunosuppression, diabetes mellitus, alcoholism, end-stage renal disease, and chemotherapy have all been associated risk factors of increased mortality in NF.<sup>3</sup> Standard of care includes thorough surgical debridement of the necrotic tissue, which can result in deep cavity wounds that often require adjunctive therapies to supplement soft tissue healing. Cryopreserved Amniotic Membrane (AM) derived from umbilical cord is one such therapy that has been increasingly used wound management due to its immunomodulatory and proregenerative properties.4-6

#### Methods

A case report of a patient with NF and a large cavity wound on the arm who was successfully treated with cryopreserved, ultra-thick amniotic membrane (AM) allograft<sup>†</sup>.

<sup>†</sup>Neox<sup>®</sup> 1K; BioTissue, Miami, FL

#### Results

A 62-year-old female was admitted with After a third debridement, the wound left arm swelling and NF with septic was partially closed, and an AM shock, renal failure, and bacteremia. allograft† (8x3 cm) with standard Medical history immunosuppression for Crohn's Disease, over the large cavity wound (9x4 cm) chronic obstructive pulmonary disease, with exposed muscle and fascia (Figure smoker, and chronic kidney disease. NF 1A at POD 4). At was previously treated with an initial epithelialization was noted (Figure 1B). incision and debridement followed by an By 7 weeks post-injury, the wound had extensive debridement with a negative completely epithelialized, and the pressure dressing applied to the 16x7 cm patient wound.

included compressive Jones dressing was applied demonstrated complete recovery of range-of-motion in the arm (Figure 1C).



## Discussion

Ultra-thick AM allograft† was shown to support wound closure and functional recovery in a patient with a deep cavity wound complicated by NF.

## References

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