The Healing Power of Noture

Fragmented Fish Skin Graft to Heal Wounds due to "Trang" Injections Nikul Panchal, DPM, FACFAS

INTRODUCTION

Xylazine is a large-animal tranquilizer that causes severe central nervous system (CNS) depression. When mixed with heroin, it's referred to as "trang." It's sedative, analgesic, and muscle-relaxant properties are why it's lately added to heroin, to enhance CNS depression causing a "zombielike" state. This allows traffickers to decrease the amount of heroin in a sample, to maximize profits while still producing the desired effect. Common complications include severe hypotension and bradycardia, and less often apnea requiring intubation and even death. (1-3)

Infections and wounds are common amongst illicit narcotics injectors; however, xylazinerelated wounds carry unique characteristics resulting in increased morbidity. These wounds are often independent of injection sites, but are in their periphery. They initially present as diffuse punched-out lesions with a granular base and central necrosis, which, if left untreated spread circumferentially to from much larger wounds (often greater than 10 cm in diameter). Clinically they appear similar to burn wounds. (4) If the wounds are further neglected then osteomyelitis may develop, warranting amputation. A 2022 case report presented a 37-year-old female who injected xylazine developed spontaneous, large leg wounds with evidence of osteomyelitis within 1-2weeks of onset. ⁽⁵⁾

METHODS

The wounds were debrided and noted to be deep to tendon/muscle. Fragmented Fish skin graft*(FSG) was then packed into the wound cavities, after which sterilized honey* was applied. On outpatient visits, sterilized honey was applied again. Patient was instructed to apply sterilized honey onto his wounds every other day when performing dressing changes

RESULTS

At the first post operative visit, the complete depths of the wounds had granulated in. The wounds were completely healed at two months post operation.

CONCLUSIONS

Wounds secondary to "trang" injections deteriorate rapidly, therefore it was decided to intervene on this patient the day of presentation. The results seen after only a single debridement and application of FSG/sterilized honey proved to be extremely effective, and can be applied wherever on the body xylazinerelated ulcers are encountered. Replication of this specific treatment is needed anywhere on the body these atypical ulcerations are encountered, to solidify it as a standard of care.

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CASE

Patient History: 42 y/o male w/ PMHx of HTN presented to the emergency department with painful diffuse deep necrotic ulcerations. Patient admits to being a regular heroin user and injects only in his feet, however, the lesions are independent of the sites of injections. He states that there was edema and erythema upon initial presentation but that has since resolved. States this is the first time he has developed these specific type of painful, dark colored wounds. Denies any f/c/n/v/cp/sob or any other systemic soi. Wound History: The wounds had been present for ~1 week prior to presentation at the hospital. The wounds became severely tender which is why the patient reported to the Emergency Department. Kerecis Applications: Single application at time of initial debridement Patient Outcomes: All wounds were fully healed at 2 months post-op



8/9/23: Diffuse severely tender painful necrotic ulcerations w/o local soi



8/13/23: s/p 1 week, wounds appear to have fully granulated in and are superficial





8/9/23: Debridement of wounds revealed they were deep to tendon, Fragmented FSG application today

8/31/23: s/p 1 month, superficial wounds with continued decrease in wounds' diameters







9/28/23: s/p 2 months, wounds fully healed