



Kruise Manuka Case Study - Equine:

Presentation: A 10 year old mare eventer (out of work) sustained concussive trauma of unknown aetiology to the medial antebrachium of the left forelimb on 26-12-11. She was seen by the vet the following day.

Management: The wounds were dressed with a hydrogel and foam dressing and bandaged. Changes were applied weekly. Unfortunately the mare repeatedly interfered with the bandages and physically attacked the wound resulting in removal of dressings. Despite best efforts from the owner to rebandage the limb, management of the original antebrachial wound was further complicated by the development of a pressure sore over the accessory carpal bone.

Six weeks after initial injury the wound was reviewed as it was failing to respond to open wound management.



06-02-12. Appearance of wound.

An X-ray was performed and revealed a sequestrum present at the distal radius. The mare was admitted and the sequestrum debrided under standing sedation and local analgesia. A regional antibiotic perfusion with Gentamicin was also provided and the mare was kept on Penicillin and Gentamicin for 5 days.



16-02-12. Wound appearance pre-surgery showing island of necrotic tissue over the location of the sequestrum.

The bone fragment was cultured and the mare put on Norodine 30mg/kg BID due to the wide range of sensitivities. Kruise Manuka Honey G and AD dressings were applied to the wound post surgery to provide a topical antimicrobial effect and to assist in wound debridement. Kruise Manuka AD was packed into the area of tissue deficit and dressing changes were performed twice weekly.



20-02-12. Wound post surgery and after use of Kruise Manuka showing improved granulation bed across the entire wound. Costs were an issue with this case and although grafting was considered an option. It was decided to allow the wound to heal by second intention for the time being.





23-02-12. Wound continues to improve and cleft reducing in size and depth.



27-02-12. Wound continues to improve and reduce in size.



05-03-12. Epithelialisation and contraction progressing well.



19-03-12. Wound 4 weeks post surgery and progressing well enough not to require grafting.

Outcome

Following removal of the sequestrum and application of the Kruse Manuka dressings the wound began to granulate well and no further complications retarded healing. The pressure sore responded positively to light bandaging and donut shaped pressure reduction techniques. The wound continued to progress positively through epithelialisation and contraction alone.

Case Courtesy:

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