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USE OF NEGATIVE PRESSURE THERAPY FOR EXTREME PATIENTS REFRACTORY TO CONVENTIONAL THERAPY AND SURGICAL PROCEDURES.

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Abstract (300 word limit)

From Febbruary 2017 to March 2018 we have treated patients who presented cutaneous ulcers refractory to advanced medications, laparotomy dehiscences, muscolar wall defects and a case of Veneuil's disease with negative pressure therapy application. We treated 14 patients with negative pressure therapy: 1 lower right leg post surgical drenaige ulcer, 3 extended post-traumatic lower right limb ulcers, 8 patients with subcutaneous negative pressure, 1 patient with intra-abdominal medication Renasys-AB (Smith&Nephew) plus Bio-A Gore prosthesis, 1 case of Veneuil's disease. Patients with subcutaneous ulcers healed with mean of 8 weeks (form 6 to 12 weeks). Medications was performed every 3-4 days. Instead patient with intra-abdominal therapy and Bio-A Prosthesis healed in 4 months without bowel fistula formation with medication every 4 days. Patient with Verneuil's disease healed in 45 days with only 3 negative pressure applications.

Negative Pressure Therapy is a new and feasibility therapy for treatment of extreme subcutaneous ulcers with total restoration of skin without patient discomfort. Application of Bio-A Prosthesis with intra-abdominal negative pressure therapy found an excellent application in extreme cases and it is feasibility and simple to apply but after a careful study of patient. In those case the application of negative pressure allowed less disconfort for patient, reduced time of hospitalization, no pain and a rapid healing of patient.



Fig. 1: On the right the treatment of Verneuil's disease. On the left treatment of ulcer of the right leng. (pre-post negative pressure)

Recent Publications (minimum 5)

1. Volpi A, PAnnarale OC, Mancusi Materi G, Favia V, Panebianco A, Prestera A, Ialongo P, Giungato S, Lozito R, PAlasciano N (2013) Can herniation pit of the femoral neck mimic an acute appendicitis? A case report. G Chir; 34(5-6): 158-60.
2. Giungato S, Gurrado A, Di Meo G, Ferraro V, Testini M (2014). Acute respiratory failure for thyroid metastasis from renal cell carcinoma. Clinical cases of endocrine surgery. 10: 137-139.
3. Gurrado, A, Giungato S, Catacchio I, Piscitelli D, Arborea G, Piccinni G, Testini M, Vacca A. (2015). Jejunal overexpression of peptide YY in celiac disease complicated with pneumatosis cystoides intestinalis. Clin Exp Med. 15(4): 527-32.
4. Piccinni G, De Luca GM, De Luca A, Giungato S, Testini M. (2015). Mid-term follow Up of TAPP Hernia Repair without Staples and Glue: An audit of the Data. Surg Technol Int. 26: 151-4.
5. Lissidini G, Prete FP, Piccinni G, Gurrado A, Giungato S, Prete F, Testini M. (2015) Emergency pancreaticoduodenectomy: When is it needed? A dual non trauma centre experience and literature review. 1: S83-8

Image



Biography (150 word limit)

Dr GIUNGATO SIMONE has been Graduated from 2008, March, 21 as Medical Doctor. Specialization in General Surgery and Digestive Endoscopy on May, 2016 from University of Medical School of Bari, Italy. Then started working at Department of General and Emergency Surgery of Castellaneta, Taranto, Italy, where he has continued his research. He has been engaged about research, discovery and application of new technology in Surgery developing new treatment for skin care with negative pressure therapy. Being published other

new works about thos kind of technology.

Keywords: Negative Pressure, Verneuil's disease, skin repair

Desired presentation: **X Oral** / _ Poster / _ either

Topic : Advances in skin & wound care

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