

IV- 3000 Dressing Protocol For Fingertip Injury; A Case Report

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INTRODUCTION:

Fingertip injury defined as injury to finger distal to distal inter-phalangeal joint (DIPJ). Common fingertip injury mechanisms are crush injuries to the fingertip with subungual haematoma, partial or complete amputation of the fingertips, nail bed wounds and fractures of distal phalanges.^{1,2} Available options of treatment for fingertip amputations are healing by secondary intention, flap coverage, or replantation. IV-3000 dressing protocol creates a high rate moist microenvironment, allowing the fingertip wound to heal successfully by secondary intention.³

REPORT:

We report a case of 5 year old girl presented to emergency department with right ring fingertip injury (Allen classification Type 2), post alleged crushed by door at home. Upon examination noted about more than 50 % of right ring fingertip pulp lost with exposed tip of distal phalanx. The patient was treated with IV 3000 dressing protocol. The wound was irrigated with 3 liters normal saline, then dried with gauze. The right ring finger was sandwiched between with two adhesive IV-3000 patches up to DIPJ. The wound was inspected and patient was examined after 2 weeks during clinic appointment for assessment of digit function and degree of re-epithelialization.

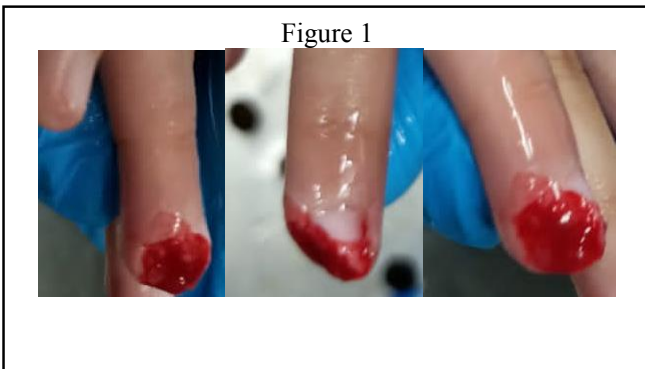


Figure 1: At presentation

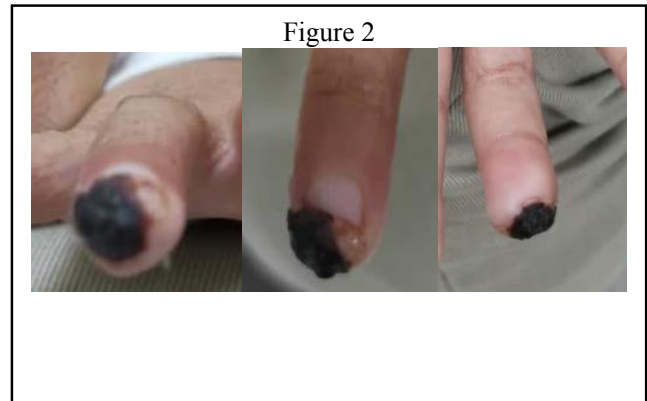


Figure 2: After 2 weeks

CONCLUSION:

The IV-3000 wound management protocol is proving to be an effective mode of conservative treatment for fingertip injury wounds, as it enables outpatient management of fingertip wounds while achieving results with better aesthetic and functional outcome.

REFERENCES:

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