Use of PVA impregnated with Methylenene Blue and Gentian Violet Dressing on a multi-site back abscess of an immigrant just arriving to the United States

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Clinical Problem
Family members brought 53 year-old female patient to hospital emergency department for redness and pain on left upper back of one week duration with nausea, vomiting and increased lethargy. History was of poorly controlled diabetes, hypertension, obesity, and chronic renal failure.

Management
After receiving surgical debridement in the ER, she was admitted for IV antibiotics and wound care. Patient continued to experience pain and redness, persistent fever and lethargy with worsening leukocytosis. Second surgical debridement revealed pus pockets surrounding the wound. Cultures grew Methicillin-sensitive staphylococcal aureus and staphlococcus aureus bacteremia. Based upon the painful nature the wound and wound culture results, the team selected PVA impregnated with Methylene Blue and Gentian Violet followed by secondary dressing. This absorbed exudate and continued debriding of the wound.

Patient Outcome
In 24 days wound was clean and granulating with a moist wound environment. Patient was discharged home with patient and family teaching for continued wound care.

Conclusion
Despite co-morbidities, wound care team was able to effectively manage deep abscess on patient left upper back, decrease pain and tenderness during dressing changes and improve patient comfort between dressing changes.