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CASE REPORT

Case Report: BLASTX® Antimicrobial Wound Gel Treatment in Sweets Syndrome with Lymphedema: A Comprehensive Case Presentation

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Abstract

Sweets Syndrome (SS), a rare autoinflammatory skin condition, presents challenges in wound management. This case study explores a patient with SS complicated by lymphedema, highlighting the efficacy of BLASTX® treatment. SS, marked by fever and painful skin lesions, often accompanies immune system dysregulation. Chronic ulcers associated with autoinflammatory diseases serve as significant diagnostic indicators. This report examines the case, emphasizing the role of BLASTX® Antimicrobial Wound Gel in managing SS-related cutaneous ulcers.

Keywords:

- ✚ Sweets Syndrome
- ✚ BLASTX® treatment
- ✚ Lymphedema
- ✚ Autoinflammatory diseases
- ✚ Wound management

Introduction

Sweets Syndrome manifests as tender plaques or nodules, fever, joint pain, and ocular symptoms. Its etiology involves infections or associations with malignancies. Understanding its correlations with cancer, infections, and immune system responses is crucial. Predominantly affecting women aged 30-50, it often follows infections or specific allergic reactions.

Case Presentation

Patient Description:

- ✚ A 50-year-old female diagnosed with Type 2 diabetes, history of cholecystectomy, previous breast lump, habitual smoker.
- ✚ Family history of breast cancer
- ✚ Patient presented with bullous Sweets Syndrome and associated wound complications.
- ✚ Prior treatments yielded minimal improvement, exacerbating the patient’s discomfort.

Clinical Course:

- ✚ Commencing BLASTX® Antimicrobial Wound Gel treatment on 9/14/22 resulted in notable progress.
- ✚ Ulcer sizes reduced, exudate and odor decreased, and pain levels ameliorated.
- ✚ Treatment regimen included Microdacyn soak, BLASTX® Antimicrobial Wound Gel treatment application, specific dressing choices, and compression therapy.

Discussion:

Sweets syndrome is intricate, not hereditary, or contagious, but possibly linked with cancer. Lesions mimic Pyoderma gangrenosum, necessitating histological confirmation. Hypersensitivity at wound sites complicates treatment. Bioburden control, anti-inflammatory drugs, and specific antibiotics aid in management, although lesions may recur despite treatment.

Conclusion:

This report underscores infection, biofilm, and immune responses’ roles in Sweets Syndrome wound management. BLASTX® Antimicrobial Wound Gel treatment effectively targeted bioburden and biofilm, facilitating wound healing. Understanding SS’s septic aspect and bacterial involvement advocates a comprehensive approach for effective management, both systemically and topically.

BLASTX® Case Study – Sweets Syndrome



Case Study Author: Kristie Warwick, Kerry Wirz and Chelsea Birtwell

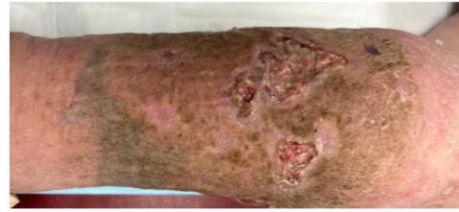
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BLASTX[®] Case Study – Sweets Syndrome

2/11/2022
7 Weeks post BLASTX[®] commencement



23/11/2022
10 Weeks post BLASTX[®] commencement



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Clinic: Northern Hospital, VIC

Shown to heal 2-3x faster than Standard of Care¹



NEXT SCIENCE

BLASTX
Antimicrobial Wound Gel

30 mL
1 oz.

BLASTX Antimicrobial Wound Gel aids in wound management by maintaining a moist wound environment. While in place, the antimicrobial properties of the gel inhibit the growth of microorganisms in the product.

LEARN MORE AT NEXTSCIENCE.COM/BLASTX

Acknowledgements:

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Conflict of Interest: There is no Conflict of Interest

Ethical Consideration: None

References: Next Science (NextScience.com)

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