

Aldanex Cases

Case 1: Maceration of wound area (page 1)



Day 0



Day 3



Day 13

Male, 77 years of age.

The history mentions a single right kidney in 2008 with a transurethral resection of papillary carcinoma grade 3 urothelial cell with invasion into the submucosa of the bladder (pT1G3).

Postoperative Mitomycin bladder installation and also maintenance dose BCG. In February 2011, in connection with a calleeze bladder cystoprostatectomie performed by applying a Brickerse deviation. In pathology, no recurrence of the known urothelial cell carcinoma was found, but in the apex of the prostatic adenocarcinoma (Gleason score 6). Postoperative patient is re-operated in connection with a perforation rectum which a double-trans-verso stoma has been laid. In October 2011 trans verso stoma lifting and tummy tuck (Ramirez procedure), complete with limited small bowel resection and

Case 1: Maceration of wound area (page 2)

primary anastomosis. All this was complicated by pneumonia initially and later anastomotic leakage (two seams which decouple the two anastomoses). Stitching terminal ileostomy in the lower left abdomen and proximal transverse end colostomy in the upper right abdomen. Ileum and distal transverse offloaded. In total, about 30 cm small intestine resection. There remained a jejunostoma (Short Bowel); a cut stacked ileum in continuity with the ascending colon and transverse mucous fistula in the upper right abdomen. The distal transverse was offloaded and in continuity with the anus. There is a deviation Brickerse right lower abdomen. The tummy tuck is sufficient. Associated with sepsis IC stay with kidney dysfunction which CVVH treatment and atriumfibrillation.

Follow-up

End of June, a laparotomy was performed, a jejuno-ileostomy and transversotransversostomie applied. In the postoperative phase relaparotomy associated with bleeding. There was limited leakage of trans-verso trans-versostomie wound to the abdomen, which is spontaneously dried up. There remains a sufficient abdominal wall with a granulating abdominal wound. At home, it's good. Patient comes out and gives back to his birds. The gloom is gone. The kidney function is poor and the follow-up is provided.

16 April uncomplicated ulcer 4 cm diameter

Ulcer was smaller, very fragile skin wound area / first extra-cellulair matrix, but wound was too wet / start hydro fiber, skin wound area slightly less wet.

3 June starting Aldanex wound area. Three days later less erythema. After 13 days skin wound area (and ulcer) completely dry and cure.

Case 2: Fistula leakage



Start Aldanex



6 Hours after starting Treatment



8 Hours after starting Treatment

Fistula of the small intestine with a lot of production of secretions continually. Dermatitis of the skin. The skin in the groin and pubic area could be stably observed through the transparent Aldanex. The patient told that a few minutes after first application, there was no "burning" of the wound anymore and was glad and grateful.

Case 3: Pressure Ulcer First degree



Day 0



Day 2



Day 7

Lady, around 80 years old, with first degree Pressure Ulcer thoracal spine due to static bedridden. Second consultation time after three days, significantly reducing redness / erythema in size, due to combination change position, Matrass and Aldanex. Third consultation after 7 days, visible improvement, redness reduced to zero.

Case 4: Intertrigo Toes



Day 0



Day 2



Day 5

Intertrigo between the Toes D1 and D2.

Starting two times a day using only Aldanex.

Case 5: IAD (Incontinence Associated Dermatitis)



Day 0



Day 2



Day 4

9 Month old child with diaper dermatitis.

IAD Fase 2

Starting two times a day using only Aldanex.

Case 6: IAD (Incontinence Associated Dermatitis)



Day 0



Day 2



Day 9

Extreme Premature, born after 25 weeks pregnancy.

Several days of Diarrhea, Erythema and skindfects (IAD Fase 3).

In 4 weeks several products were used without any or less positiv results.

These products are: Bepanthen, Fucidin, Zinc oil, cornstarch and sudocrema.

Start using two times a day only Aldanex.