

SEVERE TISSUE TRAUMA AND PUNCTURE WOUNDS

CASE STUDY – HBOT & VETERINARY MEDICINE

Gidget

Soft
Tissue
Trauma



After 24
hours
and 2
HBOT
Sessions



ADJUVANT HBOT IN THE TREATMENT OF INJURIES FROM A SANDHILL CRANE ATTACK

An 11-year-old chihuahua was presented as an emergency transfer referral case. He had sustained acute severe puncture wounds about the face, head, and neck as the result of an attack by a Sandhill Crane. Treated for shock and head trauma with IV dexamethasone, famotidine, mannitol, and furosemide. Top image demonstrates the soft tissue trauma and wounds at presentation.

- Mild ataxia and anisocoria on initial exam, with dull mentation.
- NO depressed skull fractures.
- Treated with IV fluids, enrofloxacin, amoxicillin/clavulanic acid, buprenorphine, and BID HBOT sessions at 1.5 ATA.

Each session was approximately one hour in duration, with 40 minutes “at pressure”. Clinical recovery was rapid, anisocoria resolved within 2 days, patient was discharged less than 48 hours after admission. Antibiotics, Tramadol, and famotidine were dispensed.

Studies have shown that HBOT upregulates the expression of TNF-alpha, MMP-9, and TMP-1, which are beneficial modulators in the wound healing process. In addition, HBOT reduces the acute inflammatory response to help dampen the secondary brain damage caused by traumatic brain injury (Reference, Vlodayzsky E, et al, Hyperbaric Oxygen Therapy Reduces Neuroinflammation and Expression of Matrix Metalloproteinase-9 in the Rat Model of Traumatic Brain Injury).

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