

# Summary Table -- Clinical Case Reports

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CASE #	CASE REPORT TITLE	SUMMARY/CONCLUSIONS
IRR102	IRRISEPT: A NOVEL CLEANSING SYSTEM FOR WOUND DEHISCENCE POST ABDOMINOPLASTY	The patient recovered without additional disfigurement, hospitalizations or the need for additional surgeries, tissue debridement or skin grafts and avoided any further potential morbidity. Additionally, the successful outpatient treatment resulted in significant financial savings for the patient and healthcare system.
IRR103	IRRISEPT USED IN TREATMENT OF MRSA-INFECTED BREAST WOUND WITH IMPLANTS	The patient recovered from the infection without the need to remove the breast implant, avoiding prolonged I.V. antibiotic use, infusion port, additional surgeries for tissue debridement followed by reconstruction with implant replacement and the risk of additional complications. The successful resolution without further surgical intervention resulted in a substantial savings for the patient and the healthcare system.
IRR106	IRRISEPT USED IN TREATMENT OF INFECTED MAMMOPLASTY	The patient recovered from the infection without the need to remove the breast implant, avoiding prolonged I.V. antibiotic use, infusion port, additional surgeries for tissue debridement followed by reconstruction with implant replacement and the risk of additional complications. The successful resolution without further surgical intervention resulted in a substantial savings for the patient and the healthcare system.
IRR107	IRRISEPT: A NOVEL APPROACH WITH MULTIPLE <i>STAPHYLOCOCCUS AUREUS</i> ABSCESSSES IN A PARAPLEGIC MALE: A CASE REPORT	In this case, the patient had recurrent MRSA and non-MRSA abscesses that were successfully treated as an outpatient. All abscesses were cleansed and debrided with IrriSept and the 48 hour reculture was reported as "No growth". It's unlikely the one dose of linezolid post IrriSept cleansing would have eradicated the MRSA from the abscess pocket. With a "No growth" culture at 48 hours, the risk of further MRSA exposure to others from a draining abscess was reduced. Inadvertently, this case begins to define the potential costs savings when treated in this fashion (\$22,748 vs. \$1,301 or 17.49 times costs savings). This case achieved an outcome of abscess resolution without hospitalization resulting in a significant financial savings to the healthcare system.

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IRR109	IRRISEPT AND THE LT SPLATTERGUARD: A 45 YEAR-OLD NIDDM MALE WITH A MRSA LOWER LEG ABSCESS: A CASE REPORT	In this case, a 45 year old male patient with Type 2 diabetes was successfully treated as an outpatient for a ciprofloxacin and clindamycin inducible resistant MRSA leg abscess. An I&D procedure was performed followed by cleansing and debridement of the abscess pocket with IrriSept, using the LT SplatterGuard. This MRSA abscess was resolved as an outpatient and required no hospitalization, nor the need for intravenous antibiotics or further treatment.
IRR110	IRRISEPT: A MRSA AXILLARY ABSCESS TREATED WITHOUT ANTIBIOTICS IN A 26 YEAR-OLD MALE: A CASE REPORT	In this case, the patient had a MRSA abscess that was successfully treated as an outpatient using IrriSept without antibiotics. The abscess pocket was cleansed and debrided with IrriSept using the LT Splatter-Guard. This IrriSept case achieves MRSA abscess resolution without hospitalization, oral or intravenous antibiotics or the need for further treatment.
IRR111	IRRISEPT: MULTIPLE THIGH AND CHEST WALL ABSCESSSES IN A 30 YEAR-OLD FEMALE: A CASE REPORT	In this case, a 30 year-old female with an initial MRSA positive abscess site and subsequent multiple abscesses was treated successfully as an outpatient. After treatment I&D and cleansing with IrriSept, all abscess sites resolved without hospitalization, PICC line placement, intravenous antibiotics or further treatment. The 48-hour post IrriSept repeat culture of Abscess #1 reported "No growth".
IRR112	IRRISEPT: OPEN HAND AMPUTATION WITH OSTEOMYELITIS AND MRSA INFECTION	In this case, a 73 year-old diabetic male with severe peripheral vascular disease and dialysis dependent end-stage renal failure underwent a metacarpal resection for a MRSA osteomyelitis infection. During the surgical procedure, the metacarpals were irrigated with IrriSept. A wound culture taken at the three-week follow-up visit was reported as "No growth". The metacarpal infection resolved and the wound healed. The patient required no further treatment.

*IRR150 Case Report Summary Table 2011 08 25*