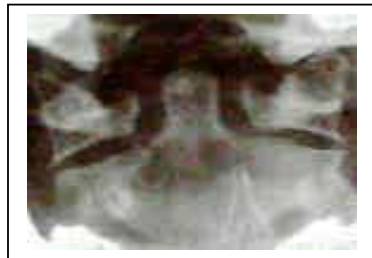


Critical Ischemia - Compromised skin grafts and flaps

A 19 years old male was admitted to Beaumont Hospital, Dublin in August, 2001. The patient was suffering from cervical spinal malformation, with impending cord compression by odontoid peg. Syringomyelia also noted on investigation, with 12cm syrinx

Surgical procedure

August 31, 2001- Trans-oral approach to cervical spine, requiring mobilisation of maxillary flap, including hard palate. Odontoid peg removed. Tracheostomy placed. Procedure took 12 hours. Successful outcome surgically.



Odontoid peg



Patient receiving Hyperbaric oxygen

Post-operatively

Seven days after surgery, buccal area of mucosa adjacent to left upper incisors and canine noted to be pale and ischaemic. Anterior third of left maxillary mucosa ischaemic. Suggestion of Hyperbaric Oxygen from a consultant maxillo-facial surgeon. Patient transferred from Dublin to London Hyperbaric Medicine via air ambulance, where he was admitted as an Inpatient on September 12, 2001 (12th. post-op day)

Hyperbaric Oxygen Treatment

Patient received 2.4 ATA 100% oxygen via tracheostomy for 90 minutes. He received a total of 9 treatments on a twice daily basis from Sept. 14 – 18th, 2001. A chest infection prevented his last planned treatment. No externally visible sign of improvement

Outcome of Hyperbaric Oxygen Treatment

Preservation of almost all ischaemic hard palate. Loss of two incisors, requiring a bridge rather than a denture



Before treatment with HBO



After