Complications of Non-absorbable Pseudomonofilament Polyamide Suture (Supramid®) after Buried in Tissue

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Signalment: A Pekinese (5-year-old, intact female) was referred for relapsing infection on right lateral stifle joint area. The dog was surgically treated for bilateral medial patella luxation at the referral local animal hospital by sulcoplasty and anti-rotational stabilization suture, anchored in the lateral fabella through the tibial crest. An open wound with pus was found in gross lesion. This wound was suspected due to irritating internal tissue suture knot, and the dog might have felt uncomfortable and licked it. On radiographic findings, round shaped radiolucent lesion which a diameter approximately 3mm with distinct osteolysis was noted in the right tibial crest. Neutrophils and rod-shaped bacteria were found on microscopic findings of the exudates swab from the open wound.

Results: Surgical treatment was performed for removal of the anchored suture material and debridement of infected soft tissues. On histopathological findings, Serratia marcescens was isolated from bacterial culture. Penrose drain was placed for 3 days.

Clinical relevance: With surgical treatment, she has undergone medical treatment of antibiotics. Nonabsorbable suture materials, which consist of an inner core and an outer sheath (e.g.,Supramid®), should not be buried in tissue because they may predispose to infection and fistulation. The outer sheath is frequently broken, allows bacteria to reside under it.

Key words: Supramid®, suture material complications, non-absorbable pseudomonofilament polyamide suture material

This was supported by Konkuk university 2009.

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