

Uporaba elastičnega lepilnega traku pri brazgotini – poročilo o primeru

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Uvod: Brazgotina, sestavljena iz kolagena, nastane po vsaki prekinitvi kože (1). Nenormalno brazgotinjenje, ki ima značilnosti povečanega širjenja tkiva v višino in širino, povečane vaskularizacije, zmanjšane prožnosti in mehkobe ter spremenjene pigmentacije, pa povzroči nastanek hipertrofične brazgotine (2). Povečano brazgotinjenje je za bolnika neprijetno v fizičnem, estetskem in psihološkem pomenu (3). Namen raziskave je bil ugotoviti, ali lahko zmanjšamo hipertrofično brazgotino z nameščanjem elastičnega lepilnega traku. **Metoda:** Bolnik je bil star 53 let, po resekciji distalne tretjine leve stegenice s pripadajočim manjšim delom mehkih tkiv v okolici. Vstavljena je bila tumorska endoproteza levega kolena. Po operaciji je bila po štirih tednih brazgotina dolga 300 mm, široka 15 mm in visoka 5 mm. Elastični lepilni trak je bil nameščen pravokotno na brazgotino in zamenjan vsake tri dni. Terapija je trajala 17 dni. Brazgotino smo ocenili pred postopkom nameščanja traku in po njem. Za oceno brazgotine smo uporabili ogledovanje in otipavanje, merilni trak, lestvico Stony Brook za ocenjevanje brazgotine in vizualno analogno lestvico za bolnikovo subjektivno oceno brazgotine. **Rezultati:** Brazgotina je bila po 17 dneh nameščanja elastičnega lepilnega traku ploska, na površini kože, po višini se je zmanjšala za 5 mm, njena prožnost je bila normalna, trdota brazgotine pa se je zmanjšala. Lestvica za oceno brazgotine Stony Brook je bila pred obravnavo 1/5, po obravnavi pa 4/5. Bolnikova subjektivna ocena glede na videz brazgotine po vizualni analogni lestvici je bila pred obravnavo 10/10, po obravnavi pa 1/10. **Zaključek:** Nameščanje elastičnega lepilnega traku se je v našem primeru pokazalo kot učinkovit postopek za zmanjšanje hipertrofične brazgotine. Za bolnika je imelo zmanjšanje brazgotine velik fizičen, estetski in psihološki pomen.

Ključne besede: brazgotina, celjenje ran, elastični lepilni trak, zdravljenje.

Application of kinesiotope by scar – a case report

Background: A scar, made of collagen, occurs after each injury of skin (1). Abnormal scarring with features of increased extending of tissue in height and width, increased vascularisation, decreased elasticity and softness and changed pigmentation, causes a hypertrophic scar (2). Hypertrophic scarring is for the patient uncomfortable in a physical, visual and psychological sense (3). Therefore, the aim of the research was to determine if we could decrease hypertrophic scar with application of the kinesiotope on it.

Methods: The patient was 53 years old, after operation of distal part of the left femur with a little part of soft tissue in this area. He had a tumor endoprosthesis in the left knee. After four weeks after operation, the scar was 300 mm long, 15 mm wide and 5 mm high. The kinesiotope application was placed perpendicularly to the scar and changed every three days. The treatment lasted 17 days. The scar was assessed before and after the kinesiotope application. We used auscultation and palpation, the measuring tape, the Stony Brook scale and the visual analogue scale for the patient's subjective assessment of the scar. **Results:** After 17 days of the treatment with a tape, the scar was plane and on the surface of the skin. It decreased in height for 5 mm, the scar elasticity was normal and the hardness of the scar reduced. Before the treatment, the Stony Brook scale was 1/5, after the treatment it was 4/5. Before the treatment, the visual analogue scale of the patient's subjective assessment was 10/10, after the treatment it was 1/10.

Conclusions: In our case the application of kinesiotope showed an effect on reducing hypertrophic scar. Reduction of the hypertrophic scar has for the patient great physical, visual and psychological meaning.

Key words: scar, wound healing, kinesio tape, treatment.

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