Combined Use of DACC, Superabsorbent Sorbion, and Membracel in the Treatment of Sacral Lesions After Pilonidal Cyst: Case Report and Evaluation



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OBJECTIVE:

This study aims to evaluate the impact of Wound Healing Support Devices (WHSDs) and cellulose membranes in reducing complications associated with sacral lesions following pilonidal cyst excision. Specifically, it examines how these technologies contribute to infection prevention, acceleration of the healing process and reduction in recurrence rates – ultimately promoting more effective recovery and enhancing patients' quality of life. Furthermore, the study also compares the efficacy of treatment with DACC and cellulose membranes with conventional methods, seeking to provide evidence that supports more efficient clinical practices in managing such injuries.

MATERIALS AND METHODS:

This is a descriptive case report conducted under

home-care monitoring. The patient was a 20-year-old male, diagnosed with a pilonidal cyst resulting in a sacral lesion. He underwent surgical excision of the cyst and had no history of chronic illnesses but reported being a smoker. The surgical wound presented with infection and was initially cleansed with 0.9% saline solution. Treatment began on December 12, 2024, with the application of DACC mesh filling the wound cavity to promote tissue regeneration and control infection. A Sorbion superabsorbent dressing (with SAP technology) was used as the secondary layer to manage exudate. On December 29, 2024, a cellulose membrane (Membracel) was introduced once granulation tissue was evident, to accelerate healing and protect the wound. It was used in conjunction with Sorbion as a secondary dressing. Dressings were changed every three days, and the patient was monitored for clinical signs of infection, exudate level, healing progression, and pain. Throughout treatment, there was a gradual improvement in inflammatory signs, leading to angiogenesis and complete wound healing.





RESULTS:

The patient showed notable progress in wound healing, with a reduced total healing time compared to traditional treatment methods. The absence of infection and a low incidence of wound dehiscence highlighted the effectiveness of the DACC mesh and cellulose membrane in creating a favorable healing environment. Although some pain was reported in the early stages of healing, it was managed effectively without pharmacological interventions – using only the cellulose membrane. This reflects not only the membrane's protective role but also its ability to reduce friction and discomfort during the healing process.

CONCLUSION:

In this case, healing occurred significantly faster than with conventional treatments. The patient experienced minimal postoperative complications, efficient pain control, and no signs of infection. These results suggest that the combined use of DACC mesh, superabsorbent Sorbion dressing, and cellulose membrane represents an effective therapeutic strategy for managing sacral lesions following pilonidal cyst surgery. The approach contributes positively to both clinical recovery and the patient's overall quality of life.









I have no conflict of interest