What are the incidence, severity, treatment, and outcomes of skin reactions with DERMABOND® PRINEO® Skin Closure System?

Retrospective case series review of patients with allergic contact dermatitis (ACD) reaction to 2-octyl cyanoacrylate used in DERMABOND PRINEO System following elective orthopedic surgery


CONCLUSION
Skin reactions to DERMABOND PRINEO System occur in an estimated 0.5% of cases when used following orthopedic operations. With appropriate treatment, outcomes are positive, with patients’ symptoms resolving without impact on wound healing and with no other complications or reoperations.¹

A severity classification system and treatment algorithm were established¹
Investigators suggest a standard for recognizing and reporting allergic contact dermatitis (ACD) with DERMABOND PRINEO System following elective orthopedic surgery, and provide a guide in treating occurrences.

METHODS¹
• Through the use of an institutional surgical and clinical note database, all patients with a potential delayed skin reaction to DERMABOND PRINEO System were identified from January 1, 2013 to December 31, 2016

6,008 UNITS of DERMABOND PRINEO System were used at the Institution

• The diagnosis of skin reaction was made by the surgical team based on clinical symptomology, history, and appearance of the wound. Note that no patch test was performed
RESULTS

Incidence and severity

- 0.5% incidence of ACD occurred (in 29 out of 6,088 patients treated with DERMABOND® PRINEO® Skin Closure System)
- 100% of skin reactions resolved without any consequence at a mean of 22 days (range, 13-56 days) after treatment. There were no other complications or reoperations
- 62% of patients with ACD had mild or moderate reactions; 11 of 29 had severe reactions

NONINVASIVE TREATMENT TO ADDRESS SKIN REACTIONS*

1. Carefully remove DERMABOND PRINEO System
2. Change dressing daily
3. Treat affected skin 2 times daily with:
   a. 1 layer 0.05% Clobetasol cream
   b. 2 layers Vanicream™
   c. Cover creams for 15 min in towel soaked in 8 oz water and 1 oz white vinegar

20 patients (69%) received oral antihistamines; 16 patients (55%) received topical steroids; 5 patients (17%) required oral corticosteroids; 7 patients (24%) were referred to dermatology.

*Risk factors

As in all allergic reactions, patients must have prior contact and sensitization to the offending agent. In this study, more than 50% of the 29 affected patients had or were suspected to have had previous contact with similar skin adhesive wound closure material

TIPS TO HELP MINIMIZE SKIN REACTIONS

• Surgeons should inquire preoperatively about a history of contact allergies to skin adhesives or their components (ie, cosmetic products such as nail glue or false eyelashes) to help minimize the likelihood of skin reactions

For more information, please read DERMABOND® Recommendations to Help Minimize Skin Reactions.

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.


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