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## Urinary bladder matrix powder to help achieve wound closure in tunneling wounds

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**Introduction:** Flap reconstruction is the mainstay of surgical treatment for chronic wounds. However, frequently there is a paucity of tissue and or the patient is a poor candidate for tissue transfer. As a result, less aggressive surgical closure is sometimes sought but can be challenged by the presence of tunneling.

Previous studies report success with porcine urinary bladder matrix (UBM) in wound progression for acute lower extremity trauma. 1,2. The availability of UBM powder offers an intriguing option particularly for tunneling wounds.

**Methods/Results:** We retrospectively evaluated cases where UBM powder was utilized to assist with closure in tunneling wounds. In the first case, tissue transfer was deemed inadvisable because of the paucity of tissue on a diabetic neuropathic foot. UBM powder was used by creating a paste to fill the tunneled defect. No additional surgery was required and no recurrence seen through 12 months.

In the second case, despite flap reconstruction for a chronic wound of a radiated sarcoma resection site, there was a persistent tunnel extending to bone. UBM paste was used to fill the tunnel. The wound progressed with sufficient granulation tissue to cover the bone within 3 weeks to support further definitive closure techniques.

The third case is a stage 4 sacral ulcer with extensive tunneling. UBM powder was used as a paste to fill the tunneled areas extending to the perineum. The patient achieved complete healing by 4 weeks without postoperative infection or abscess.

**Discussion:** In these cases, UBM powder was successful in allowing a tunneled wound to progress obviating the need for tissue transfer. This provides another tool to achieve wound closure particularly in tunneling wounds in suboptimal surgical flap candidates, and warrants further clinical study.

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