

Myriad™

Soft Tissue Bioscaffold

Clinical Case Compendium

Trauma Reconstruction



Clinical Case Compendium: Trauma Reconstruction

Open hip defect following motor vehicle accident

36-Year-old, male. Full thickness right hip wound from blunt trauma due to motor vehicle accident. Approximate size; 18 x 13 x 20 cm. Four days after an initial debridement and following a serial sharp debridement, **Myriad Morcells™** 2000 mg were applied and hydrated with blood *in situ* and NPWT. At day 5, depth reduction (approx. 2 cm) and budding granulation tissue was noted. Two **Myriad Matrix™** 10 x 20 cm, 5-layer devices were then applied, hydrated with blood *in situ*, quilted together and secured with staples with continuation of NPWT. By day 15, there was continued formation of robust, vascular granulation tissue. By week 4, there was significant reduction of wound area and volume with no complications. Planned healing was by secondary intention. By week 7, approximately 1 cm of depth remained and by week 13 the wound had fully epithelialized.¹



Initial Defect



Myriad Morcells Application



Day 5 - Post Debridement



Day 5 - Myriad Matrix Application



Day 8



Week 4



Week 7



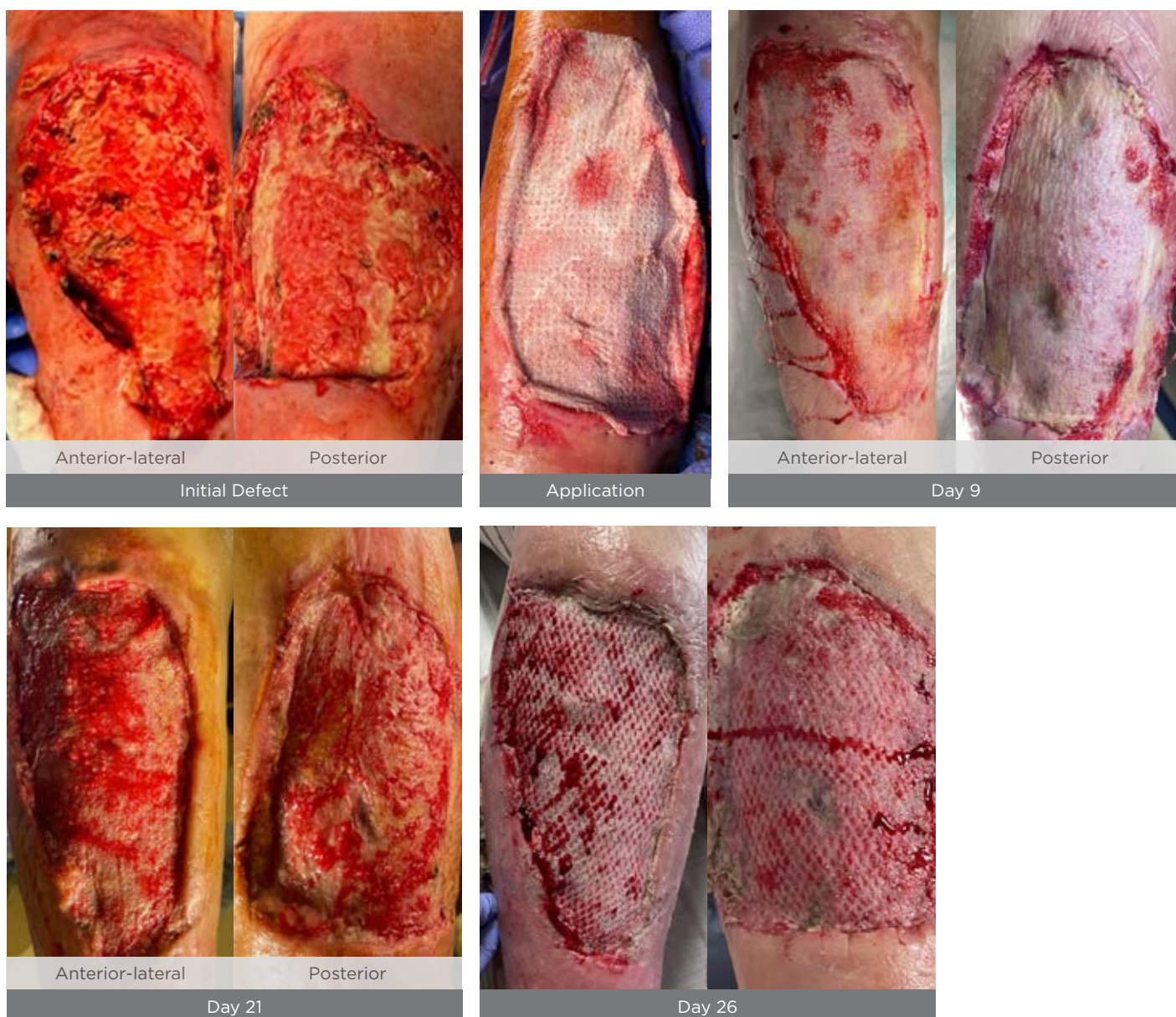
Week 11

CC.0168.00

Clinical Case Compendium: Trauma Reconstruction

Traumatic subacute leg wounds

61-Year-old, female. Two full thickness subacute traumatic wounds of the right leg from weedwhacker. Approximate size: anterior-lateral: 19 x 10 cm (left) and posterior: 15 x 14 cm (right). Following a previous OR debridement and IV antibiotics, and another subsequent debridement, **Myriad Matrix** 10 x 20 cm 3-layer was applied (1 sheet to the anterior-lateral and 2 sheets quilted with sutures to the posterior wounds) and secured to the wound bed with staples followed by NPWT. By day 9, granulation buds were noted. By day 14, granulation tissue was forming. At day 21, each wound received a STSG. At day 26, graft take to the anterior-lateral and posterior wounds were 100% and 90%, respectively. No complications were observed.¹



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Clinical Case Compendium: Trauma Reconstruction

Traumatic facial injury

36-Year-old, male. Full thickness gunshot wound with parotid fistula. Approximate size: 4 x 2 x 2 cm. Following embolization of facial artery branches and parotid leak, **Myriad Morcells** 500mg was applied in situ with sterile saline on hospital day 7. After 7 days post-application, significant granulation tissue and improved depth was noted. By week 4, the wound had 90% epithelialized. By week 6, the depth had filled and the scarring was adequate. There was no recurrence or complications at 5 months.



Initial Defect



Application



10 Days



Week 6



8 Months

CC.0063

Clinical Case Compendium: Trauma Reconstruction

Arm trauma

61-Year-old, female. Full thickness left arm trauma from blunt trauma due to motor vehicle accident (Morel-Lavelle Lesion). Approximate size: 22 x 5 x 4 cm. The patient had 3 prior surgical site infections leading to 3 distinct surgical dehiscence's. **Myriad Morcells** 1000mg was applied dry and hydrated in situ with sterile saline. **Myriad Matrix** 10 x 20cm, 3-layer was then applied over the top and stapled in place followed by NPWT. At week 1, granulation budding was noted. At week 2, significant filling of the volumetric defect was observed. At week 3, a granular wound bed can be seen with significantly further depth filled. By week 6, the defect had healed following placement of a STSG. Normal pigmentation was noted. There were no complications as at 2 months.¹



Initial Defect



Application



Week 1



Week 2



Week 3



Week 6

CC.0139

Clinical Case Compendium: Trauma Reconstruction

Lower extremity trauma reconstruction

33-Year-old male with trauma to the posterior leg following a motorcycle accident. The defect had exposed muscle, tendon and neurovascular structures. Following sharp debridement, **Myriad Morcells** 1000 mg was applied followed by **Myriad Matrix** 10 x 20 cm, 3-layer and NPWT. At 2 weeks, improved depth and granulation tissue were noted with no complications. At week 6, the distal site had epithelialized, and the neodermis was observed in the proximal aspect. The medial foot had 100% granulation tissue. Final closure by secondary intention was planned.



CC.0075

Clinical Case Compendium: Trauma Reconstruction

Forearm reconstruction

25-Year-old female with diabetes. Sustained crush injury to forearm after 48 hours with diabetic ketoacidosis. Fasciotomies and multiple necrotic muscle and soft tissue debridement's were performed, resulting in very thin coverage over the radial and ulnar arteries. **Myriad Matrix** 10 x 20 cm and 10 x 10 cm, 3-layer were quilted together and stapled at wound edges and covered with NPWT at 75 mmHg. At 1 week, granulation buds were visible. At 4 weeks, significant granulation tissue observed. At 6 weeks, the defect had fully granulated, and patient underwent STSG.²



CC.0003

Clinical Case Compendium: Trauma Reconstruction

Abdominal trauma

51-Year-old male. Full thickness wound due to high velocity motor vehicle accident. Approximate size: 25 x 4 cm. The patient underwent emergent laparotomy and repairs to the diaphragm, bladder and bowel. Significant loss of abdominal domain meant primary closure was not possible. **Myriad Morcells** 1000 mg was applied followed by **Myriad Matrix** 10 x 20 cm, 3-layer. At day 6, granulation buds were noted. At day 18, significant granulation tissue was observed. By week 5, granulation tissue had filled the depth of the wound. There were no complications. At week 6, definitive closure was planned with a STSG.



CC.0073

1. Cormican, M. T., N. J. Creel, B. A. Bosque, S. G. Dowling, P. P. Rideout and W. M. Vassy (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Volumetric Soft Tissue Defects: A Retrospective Pilot Case Series." ePlasty 23: e66.
2. Bohn, G. A. and A. E. Chaffin (2020). "Extracellular matrix graft for reconstruction over exposed structures: a pilot case series." J Wound Care 29(12): 742-749.

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