INTRODUCTION
Whenever tendons are visible in a wound, three problems need to be addressed: avoid desiccation, avoid infection and ensure tissue growth over the tendons. The risk of infection of a dialysis patient is increased as the immune system is compromised.

Case description: The lady who was treated is 85 years old. She is diabetic since 1988 and has arterial hypertension. In 2005 it was decided that dialysis was necessary. Due to an intravenous injection and subcutaneous extravasation of a product, sever necrotic wounds arose on the top of de hand.

TREATMENT
Methods: The initial debridement of necrosis was achieved by using a hydrocolloid. Whenever necrotic tissue began to disengage, we opted for a dressing that was non-adherent, that didn’t compromise the mobility and protected the tendon from infection and drying out. We also wanted to use a product that was not painful to apply.
An antimicrobial enzyme alginogel* meets these requirements.
Every other day we treated the wound by rinsing with a physiologic salt solution and applied a layer of approximately 5mm of the enzyme alginogel* to a non adhesive bandage and put it on the wounds.
No disinfection is needed after rinsing because of the antimicrobial activity of the enzyme alginogel* during application.

RESULTS
During the healing process we detected no loss of mobility and the pain was mainly during rinsing only. It was observed that new tissue readily covered the tendons. The exudate was dealt with due to the presence of alginate in the enzyme alginogel* and there were no clinical signs of infection, the latter being due to the antibacterial enzyme system of the enzyme alginogel*, protecting against bacterial growth.

CONCLUSION
In a wound case with visible tendons, an enzyme alginogel* proved to be an excellent choice to secure optimal wound healing with no loss of mobility after complete healing.