

Hands-on Case Reports (2/2005)

Arterial leg ulcer



Diagnoses:

- Diabetes mellitus type II
- AOD (Fontaine Stage III) with right leg ulcers

History and findings on admission:

This report concerns a patient with multiple semicircular ulcerations on the right lower leg. The 65-year-old patient is married and lives with his wife in their own home. He still manages his daily activities with a high degree of independence.

For 15 years he has had insulin-dependent diabetes mellitus, bilateral pAOD was diagnosed during a hospital stay three weeks previously and surgical remediation was advised. The patient was admitted for, among other things, several ulcerations of the right lower leg.

When the patient was seen after four weeks after discharge from hospital, he had been provided with a polyurethane foam dressing which was changed once weekly at the practice on medical instructions. An infection and considerable skin macerations developed during this treatment.

Treating an arterial leg ulcer is always work intensive and time consuming when surgical treatment is not or is no longer possible. The poor blood flow conditions mean that there is a constant risk of new necrosis or a wound infection developing. We were able to heal almost all the ulcers within a period of 16 weeks.



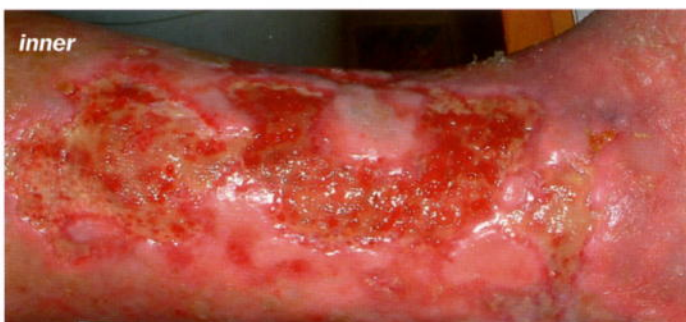
inner



outer



pretibial



inner



pretibial

**Wound description: 1-Jul-2004
(Start of treatment)**

The wound bed shows layers of fibrinous and partially necrotic slough. The wound margins and periwound skin are reddened. Heavy exudation. Erythema and intense wound odour indicate the presence of infection.

Procedure:

Wound cleansing with sterile gauze compresses and microbial reduction with an antiseptic.

The wound margins and periwound skin are protected with a skin protection film.

Antifectious therapy and wound coverage with a bacteria binding wound dressing containing impregnated acetate fabric (Cutisorb® Sorbact® swabs and Cutisorb® Sorbact® absorbent pads).

This wound dressing is suitable for removing bacteria and other microorganisms from exudating, unclean, contaminated or infected wounds.

For autolysis and rehydration of the wound, a hydrogel is applied on top of the Cutisorb® Sorbact® swabs. This procedure ensures the required direct contact between the antibacterial dressing and the wound. At the same time, the hydrogel can act on the necrotic tissue.

Daily dressing change.

**Wound description: 15-Jul-2004
(Second week of treatment)**

The wound bed continues to show layers of fibrinous necrotic slough which, however, are easily detachable.

Initial granulation is visible. The wound margins and periwound skin are still slightly reddened. Heavy exudation is still present.

Decreasing skin redness and diminishing wound odour indicate that the ulcer is still colonized with bacteria.

Further procedure:

Wound cleansing with sterile gauze compresses and microbial reduction with an antiseptic.

Application of Cutisorb® Sorbact® swabs and Cutisorb® Sorbact® absorbent pads.

Continued daily dressing change.

15-Jul-2004
(continued)



**Wound description: 10-Aug-2004
(Sixth week of treatment)**

The wound bed is still covered with a layer of fibrinous necrotic slough. The wounds, however, are growing visibly smaller due to incipient epithelization. The ulcer is granulating well in the wound bed.

The wound margins and periwound skin are highly irritated and macerated. Dressing change every two days now proved to be counterproductive, as did the foot bath with green soft soap performed by the patient at his own initiative. With moderate exudation, therefore, continuation of daily dressing change.

No wound odour now present.

Further procedure:

Wound cleansing with sterile gauze compresses and microbial reduction with an antiseptic.

Application of Cutisorb® Sorbact® swabs and Cutisorb® Sorbact® absorbent pads.

Wound margins and periwound skin are protected with a skin protection agent.

Rehydration with a hydrogel applied with the Cutisorb® Sorbact® compress.

Dressing change continued daily for the time being.



**Wound description: 16-Sep-2004
(11th week of treatment)**

The various ulcers are now rapidly epithelizing. Some of the ulcers have already healed completely.

Wound margins and periwound skin are slightly reddened, hardly macerated.

Moderate exudation, no wound odour.

Recommended procedure:

Continue as before.

