PolyMem® SILVER

CASE STUDY

Deep Ulcer on Charcot Foot Closed After Treatment With PolyMem Wic Silver® Cavity Filler

DECEMBER 23:
STILL INFECTED AFTER 5 MONTHS OF CONVENTIONAL TREATMENT - AMPUTATION DISCUSSED

APRIL 7:
CLOSED ONLY 3½ MONTHS LATER USING POLYMEM WIC SILVER CAVITY FILLER

CASE STUDY

Deep Ulcer on Charcot Foot Closed After Treatment With PolyMem Wic Silver Cavity Filler

CHARALAMBOS AGATHANGELOU, MD, PhD Geriatrics, Dhali Community Geriatric Home, Cyprus

PROBLEM

A 38-year-old woman with type 1 diabetes contracted a deep malodorous pressure ulcer on the sole of her Charcot foot due to improper footwear.

She was treated at the orthopedic clinic where she was given daily foot baths with Povidone Iodine 10% diluted in water and wound dressings with Cadaxomer Povidone Iodine on a daily basis. She was also on systemic antibiotics for a Pseudomonas infection. The wound was 7.0 cm x 6.0 cm and 4.0 cm deep with exposed bone and was constantly macerated due to huge amounts of purulent exudate.

The patient suffered over the odor and copious amounts of exudate and felt very self conscious when she went out.

After five months her wound was still deteriorating. Amputation was under discussion. As a last resort she was sent to the wound clinic for an evaluation.

The doctor needed to find a dressing regime that could handle the large amount of exudate and decrease the bioburden giving the wound a chance to heal.

METHODOLOGY

PolyMem Wic cavity filler wicks exudate directly away from the wound surface while facilitating autolytic debridement by loosening the bonds between slough and wound bed. The liquefied slough is absorbed into the dressing and excess fluid wicks through the filler into the absorbent PolyMem cover dressing. Both the filler and the cover dressing contain glycerine to soothe and hydrate the wound, and a surfactant to continually cleanse the wound. PolyMem Wic Silver cavity filler has additional antimicrobial properties.

Treatment with PolyMem Wic Silver cavity filler was initiated with twice daily dressing changes due to the high exudate levels the first weeks.

Specialized off-loading orthopedic shoes were made by a podiatrist.

RESULTS

After 3 weeks the antibiotic treatment was discontinued and daily dressing changes were sufficient.

After 6 weeks a swab verified that the wound was no longer contaminated by Pseudomonas and standard PolyMem dressings without silver were used. After a total treatment time of less than 4 months the deep ulcer had healed completely.

CONCLUSION

We saw fast results when it came to cleansing, reduction of pain and odor and wound healing.

Dressing handling and application were very easy.

OBJECTIVES

1. Consider the advantages of using PolyMem Wic cavity filler and dressings in terms of rapid formation of granulation tissue.
2. Consider the advantages of using PolyMem dressings in terms of passive continuous cleansing of the wound bed, which often eliminates time-consuming and potentially disruptive manual wound cleansing during dressing changes.
3. Note that in addition to the continuous cleansing benefits of the standard PolyMem dressings, the silver version is directly effective against MRSA and other common wound organisms.

This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster presentation.

DECEMBER 23

6.0 X 7.0 cm and 4.0 cm deep with bone contact

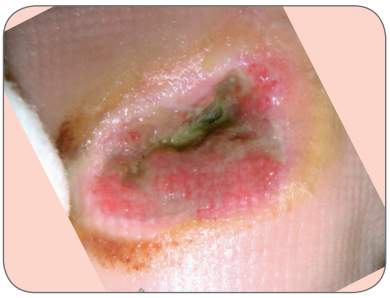
The wound has been continuously deteriorating for the past five months in spite of daily dressings with Cadaxomer Povidone Iodine and daily Povidone foot baths at the orthopedic clinic.

The wound is extremely malodorous and produces copious amounts of exudates which is very distressing for the patient. As a last resort, since amputation had been discussed, she was sent to the wound clinic, where PolyMem Wic Silver cavity filler was initiated. Dressings were changed twice daily due to the high exudate level.

The macerated hyperkeratotic wound edges will stabilize with PolyMem dressings.

DECEMBER 28

Amputation was being discussed as an option.



JANUARY 15

The exudate level has decreased and with that the frequency of dressing changes.

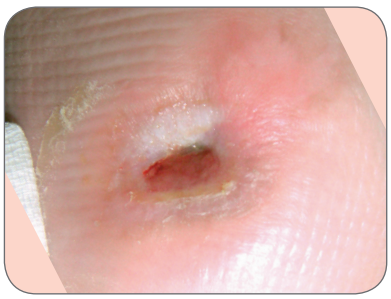
Note how the size of the wound has decreased and become more shallow. There is still bone contact in the deep pocket in the middle of the wound.The wound edges are no longer macerated; no sharp debridement has been performed.

JANUARY 30

There is no longer any odor from the wound. The dressings seem to absorb and contain the odor.

A swab taken a couple of days after this photo confirmed absence of Pseudomonas. We then stopped using PolyMem Wic Silver and went over to standard PolyMem dressings.

We were reluctant to remove the dry skin with a surgical blade due to the risk of traumatizing the healthy skin. We usually remove it when it flakes off by itself when new epithelial tissue has formed beneath the edges.



FEBRUARY 27

The wound is filling up nicely with new granulation tissue. It is now hard to believe that this foot was at risk for amputation two months ago. Dressing change once a day. No cleansing during dressing changes needed.

Note how nice the wound edges are now that the dry skin has fallen off.

APRIL 7

Wound closed after 3.5 months treatment with PolyMem dressings.

It must be noted again that NO surgical debridement was performed on this Charcot foot.

Ferris Mfg. Corp.
16W300 83rd Street | Burr Ridge, Illinois 60527 USA
Toll Free USA: 1.800.POLYMEM (765.9636) | International: +1 630.887.9797
Web site: www.PolyMem.com

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* This version has been modified from the original; it reflects PolyMem branding.

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