

ABSTRACT

A 92 year-old male, compromised host with multiple underlying medical problems, presented with a heel ulcer that had remained open for 8 months. The initial ulcer occurred on the posterior heel of the left foot following left hip surgery. While the initial injury was likely pressure related, despite off-loading, the ulcer rapidly enlarged due to associated peripheral artery disease with local ischemia. Arterial imaging demonstrated occlusion of the anterior and posterior tibial arteries, but had some collateral flow. Attempts at revascularization were unsuccessful and resulted in pulmonary edema and worsening renal insufficiency. Transcutaneous oximetry did show some response to oxygen challenge and approximately 15 hyperbaric oxygen treatments were performed but discontinued when the patient had unrelated myocardial infarction with CHF and no improvement in wound.

bio-ConneKt® Wound Matrix, a FDA–cleared ECM-based advanced wound care dressing, designed to address the challenges presented by a chronic wound microenvironment, was tried as a less invasive limb salvage option. Combining bio-ConneKt® Wound Matrix with off-loading and weekly dressing changes resulted in greater than 90% wound closure of this pressure ulcer in 4 months.

HISTORY

Past Medical History: Renal insufficiency, anemia, prior sepsis from recurrent UTI with hypotension, neurogenic bladder, peripheral arterial disease with occluded anterior and posterior tibial arteries left leg, left hip fracture, myocardial infarction with CHF.

Prior treatments: Mechanical debridement, topical Santyl, Hyperbaric Oxygen therapy (15 treatments), unsuccessful re-vascularization attempt, transfusion, and IV antibiotics (for treatment of UTI /sepsis).

PE includes: Elderly male on supplemental oxygen, coarse breath sounds with rales in base of lungs. Left leg had absent pulses but toes appeared viable, warm but pale. There was an extensive posterior heel ulcer on left foot with necrotic skin at margins, pink tissue in deep portion wound base but no palpable exposed bone.

Wound measured 6.8 x 7 x 0.6 cm on 12/21/15



Initial Wound Presentation

TREATMENT

1/13/16: The left foot was debrided of necrotic tissue, bio-ConneKt® Wound Matrix was cut to fit and applied to wound base, secured with Steri-Strips, and covered with non-adherent primary dressing, a thin layer of silver wound gel, and multilayer padded dressing with mild compression to reduce edema.

Weekly dressing changes involved wound cleaning and application of silver wound gel.

2/17/16: Wound measured 8 x 7 x 0.2 cm - wound shows significant granulation and a second 5cm x 5 cm piece of bio-ConneKt® Wound Matrix was applied to the distal portion of wound that remained open.

3/29/16: Wound measured 6.0 x 5.0 x 0.2 cm. Additional product applied to the portion of the wound not covered during 2/17/16 visit. Dressing changes and off-loading of pressure continues.

5/18/16: Wound with significant improvement and epithelialization occurring measuring 2 x 2 x 0.1 (>90% closed) and trending complete healing in near future.

Day 0 – Procedure Day



CONCLUSION

This case demonstrates the value of **bio-ConneKt® Wound Matrix** to not just facilitate limb salvage in this severely compromised host, but also in cost to heal, as well as minimizing risks to the patient that would otherwise involve extensive and possibly life threatening surgeries.

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More for Less for Many

PN-90-005-2-A (05/2016)

