CASE 1

68 yo Hispanic male stepped on a nail. He had surgical ID with wash out and MRSA treated with IV antibiotics in hospital and at home. History: DM, HTN, Neuropathy, Severe Supination of Lt. foot. Went to the OR May 18th and seen in WCC 1 month later. Saline W to D dressings with iodasorb gel used prior to DAMA and Roll on TCC System. DAMA and Roll on TCC System started 6/19/14 and patient was healed on 7/31/14.

METHODS

A three center case series of diabetic patients with plantar ulcers, adequate perfusion to heel, previous failed therapies, and orthopedic abnormalities in the affected foot. The Roll on TCC System** was placed approximately weekly, and the primary dressing, DAMA, was placed approximately every two weeks. Patient #1 had a severely supinated ankle since childhood with exposure of joint capsule and history of MRSA; Patient #2 had Charcot changes with mid-foot collapse and an arcan joint fracture. Patient #3 had a scissor-bottom foot, exposure of tendon, and history of Pseudomonas. Previous therapies included applying a cast (on and off) without an advanced ulcer dressing under the cast for approximately 4 years.

RESULTS

Patient #1 had a days-to-healed (DTH) of 42 since the first treatment, and required 3 applications of DAMA. Patient #2, DTH of 42 requiring 3 applications of DAMA, and Patient #3, DTH of 42 requiring 3 applications of DAMA and Roll on TCC System 2 which was healed and healed prior to the index ulcer healing. The average DTH was 52, with the average number of grafts being 3.7.

DISCUSSION

Results compare very favorably with current treatment regimens, and show a clinically significant benefit in these complex patients. This study suggests that combining DAMA with the Roll on TCC System should be considered in patients with this type of diabetic ulcer, in the ongoing effort to achieve healing in the shortest time possible.

References:

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