

# Case study: Chronic lower extremity venous stasis ulcer

## Enluxtra® Self-Adaptive Wound Dressing Clinical Results

### **Patient:**

A 53-year-old male presented with a draining lateral venous stasis ulcer on his left lower leg that had been present for several months. Patient is a heavy smoker (1 pack a day) with a history of untreated hypertension, arterial compromise, and refused revascularization (ankle/brachial index: .82).

### **Wound Description:**

Upon presentation to the clinic, the venous stasis ulcer appeared weepy and stalled in the inflammation phase of wound healing. Healing was further complicated by frequent recurrence of fungal/yeast infection on the periwound skin, which caused constant pruritus and inflammation. Patient complained of sleep loss due to itching and discomfort throughout the day. Initial goals in this case were to reduce wound drainage and edema.

### **Initial Wound Treatment:**

In addition to triamcinolone, anti-fungal ointments and topical antibiotics, a variety of dressings were applied to the wound during the first four months of treatment, including foams, alginates, silver alginates, and polymeric membrane dressings. Unfortunately, the quantity and consistency of drainage from the wound did not change with application of any of these dressings. After 4 months of advanced wound care, the ulcer remained weepy and hypergranulated with raised wound edges above peri-wound skin level. Condition of the periwound skin was bright red, erythematous, edematous, and with scaly dry drainage adding to the pruritus (Fig. A).

### **Application of Enluxtra:**

Prior to the first application of Enluxtra® Humifiber wound dressing, following debridement, the ulcer measured 4.0 x 4.0 x 0.5 cm. Topical antibiotics and anti-fungal ointment were applied. Enluxtra was placed over the ulcer, overlapping 2 to 3 cm onto intact skin, and secured with circumferential gauze wrap.

### **Wound Progression with Enluxtra:**

Two weeks following initial application of Enluxtra, drainage was noticeably reduced, the periwound erythema was resolved, and the wound was granulating normally with only a small, slightly raised area (Fig. B). The dressing prevented transfer of exudate to the peri-wound skin, ending prolonged skin irritation and itching after only one week of Enluxtra.



Fig. A. Chronic venous leg ulcer with edematous raised bed after 4 months of advanced wound care and prior to Enluxtra application



Fig. B. Two weeks following initial use of Enluxtra, drainage is considerably decreased and peri-wound erythema is completely resolved. Signs of inflammation are no longer present and the wound is nearly level with the peri-wound skin.

After 4 weeks of Enluxtra, the wound bed was completely level with the periwound skin and re-epithelializing normally. The wound measured only 0.5 x 0.25 x 0.25 cm with no periwound edema (Fig. C). No dressing adjustment or cutting was required during course of wound healing. After 2 months, the wound was completely closed and re-epithelialized (Fig. D). Dressings were discontinued and the patient was released from care.

**User Experience:**

The patient was very satisfied with the Enluxtra dressing, particularly with respect to painless, non-adherent dressing removal and the rapid rate of erythema resolution and wound closure. Patient reported no dressing leakage or fluid strike-through. Itchiness stopped within one week of application, and the patient was relieved to finally sleep through the night. His wound that had been open and draining for 4 months was nearly closed within 1 month of Enluxtra use, allowing him to return to his normal daily activities.

**Clinical Outcomes/Conclusion:**

In this case, Enluxtra appeared to contain all the properties needed to reverse the impediments in ulcer healing that were evident during the previous four months, including edema, uncontrolled drainage, and moisture imbalances. Compared to all previous dressings used in this chronic ulcer, Enluxtra was the only dressing that facilitated effective and efficient wound closure.

Drainage was controlled, locked in and reduced with this dressing, resulting in edema reduction and optimal moisture balance throughout the wound and peri-wound skin. The dressing appeared to absorb exudate from the central area of the draining wound while maintaining moist wound edges, and to provide a moist healing environment during the low-/non-exuding final stages of wound healing. The final cosmetic appearance of the healed wound was excellent.

From a clinician’s perspective, Enluxtra greatly simplifies the tedious process of choosing appropriate wound care dressings, because this one dressing type is suited for the entire wound healing continuum and does not need to be switched according to changing wound conditions. Enluxtra was effective throughout all conditions and dimensions of the wound in this case.

**Reference:**

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Fig. C. After 1 month of Enluxtra, wound size was reduced to 0.5 x 0.25 x 0.25 cm with no edema or drainage. The wound appeared optimally moist and mostly re-epithelialized.



Fig. D. Venous stasis ulcer is completely closed with excellent aesthetic result after 2 months of Enluxtra dressings