

Case study: Chronic lower extremity venous stasis ulcer

Enluxtra® Self-adaptive Wound Dressing Clinical Results

Patient:

A 49-year-old female presented with a draining venous stasis ulcer on her right shin. Patient's medical history included coronary bypass graft surgery, hypertension, hyperlipidemia and coronary disease. Pyoderma was suspected but not diagnosed.

Wound Description:

This venous stasis ulcer had been present for 6 months, and appeared weepy and edematous at the initial clinic visit. Areas of wound edges were raised with undermining. Peri-wound skin was red and erythematous, and exhibited multiple scabs due to patient scratching and spreading contact dermatitis. The wound area was warm, and the patient complained of itchiness and pain. Initial goals in this case were to reduce wound drainage and edema, and to resolve wound edge erythema.

Initial Wound Treatment:

In addition to topical antibiotics, a range of dressings, including hydrocellular and hydropolymer foams, were applied to the ulcer during the first 6 months of treatment. However, the wound continued to drain copiously and the condition of the peri-wound skin remained red and irritated throughout treatment, even with daily dressing changes (Fig. A). The patient continued to complain of discomfort during dressing changes, and requested a dressing that could be changed less frequently than daily. A decision was made to apply Enluxtra® Humifiber wound dressing.

Application of Enluxtra:

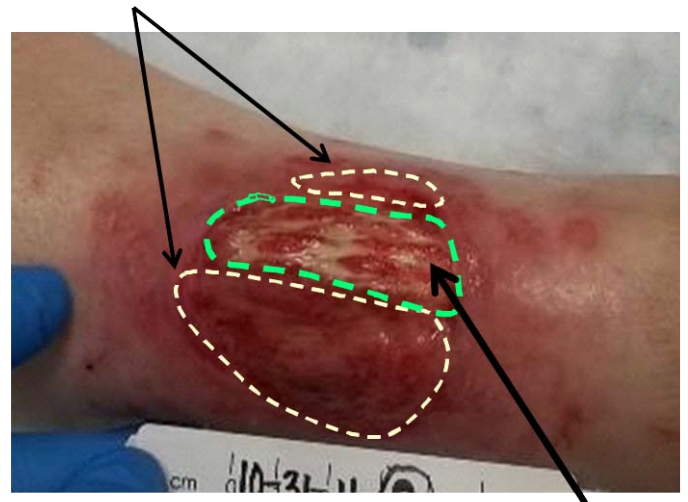
Prior to the first application of Enluxtra and following debridement, the ulcer measured 5.5 x 7.0 x 0.5 cm with exposed tendon (Fig. A). Topical antibiotics were applied. Enluxtra was placed over the ulcer, overlapping 2 to 3 cm onto intact skin, and secured with circumferential gauze wrap. Daily dressing changes were ordered initially. However, after 3 days, dressing could be left in place for up to 2 days.

Wound Progression with Enluxtra:

Two weeks following initial application of Enluxtra, drainage and peri-wound erythema were decreased. Edema was considerably reduced, wound edges were no longer raised, and the wound bed was level with the peri-wound skin. Healthy granulation buds appeared over the tendon (Fig. B). The patient reported no itching and less pain during or between dressing changes. Dressing change frequency was further reduced to every 3-4 days.



Chronic, edematous venous leg ulcer with raised wound edges and exposed tendon after 6 months of advanced wound care and prior to Enluxtra application



After 2 months of Enluxtra, the wound was approximately 85% granulated and erythema in peri-wound was nearly resolved (Fig. C). At 12 weeks, use of Enluxtra was discontinued due to original time limits set forth in the clinical trial. The wound bed was 100% granulated and re-epithelializing normally. Peri-wound erythema remained controlled and the wound size was decreased to 3.5 x 5.0 x 0.25 cm (Fig. D).

User Experience:

The patient described the Enluxtra dressing as having a “soothing and cooling effect” on her wound, and was particularly satisfied with the rapid decrease in drainage, pain, and itchiness that resulted with the dressing. Because the patient was uninsured, the reduction in dressing change frequency with Enluxtra had huge cost benefits for her.

Non-adherent dressing changes every 3-4 days were well tolerated by the patient. Patient reported no dressing leakage or fluid strike-through. Exudate containment, wound size reduction and increased comfort allowed the patient to return faster to normal daily activities. Clinicians appreciated ease of dressing removal and longer 2-year shelf life of dressing.

Clinical Outcomes/Conclusion:

Compared to prior dressings used in this wound, use of Enluxtra resulted in a decreased frequency of debridements and dressing changes—both of which favorably impacted healthcare costs for this patient.

Use of Enluxtra facilitated conversion of this stalled chronic ulcer to a wound that showed positive wound healing progression at every dressing change. The dressing was effective in controlling exudate removal throughout all phases of wound healing, ending prolonged skin irritation and itching within 2 weeks of Enluxtra use.

Enluxtra appeared to maintain a positive moisture balance throughout the wound and peri-wound skin for the duration of its use, resulting in a well-granulated venous stasis ulcer in a patient with considerable comorbidities.

Reference:

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Two weeks following initial application of Enluxtra, drainage and edema are considerably decreased, and wound edges are level with the peri-wound skin. The wound is granulating normally.



After 2 months of Enluxtra dressings, ulcer is 85% granulated, including over tendon. Peri-wound skin is healthy with very slight erythema.



Venous stasis ulcer is completely granulated over tendon after 3 months of Enluxtra dressings.