Case study: Long-term non-healing pyoderma gangrenosum wound

SELF-ADAPTIVE WOUND DRESSING CLINICAL RESULTS

Patient:

An 86-year-old female with autoimmune disorder (lupus) and multiple comorbidities including hypertension, chronic obstructive pulmonary disease, sleep apnea (non -compliant with CPAP), congestive heart failure, gout and confirmed punch biopsy for pyoderma gangrenosum. The severely painful ankle wound common with this autoimmune condition has been present for over 4 years.

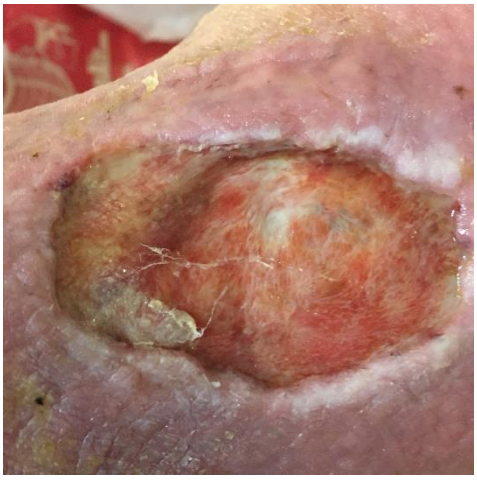
Initial wound treatment:

Previous treatment included Santyl, honey, Silvadene, and other silver products, alginates, Aquacel Ag, Bactroban, sharp debridement.

The treatment during the first 1.5 years of the 4-year-long wound care has been assisted by a home health wound care nurse and several providers at an outpatient wound care center. The patient was not able to tolerate any more debridement and was frustrated with no progress. The patient received a recommendation to give Enluxtra a try and opted to self-treat with occasional visits to the rheumatologist for gout and the oral steroid prescription.

Enluxtra treatment:

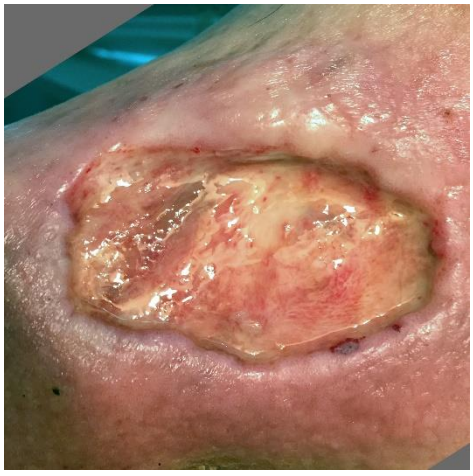
Enluxtra dressing was started with a daily 6”x6” dressing application overlapping generously onto the skin around the wound. The patient cleansed the wound and peri-wound area with an HOCL wound cleanser and applied Enluxtra, and then secured it with cotton netting. Daily dressing changes were performed at the beginning of treatment, and then change frequency was gradually reduced and adjusted to the condition of the dressing drainage pattern, state of the wound, patient’s comfort and level of drainage that fluctuated due to comorbidities. Enluxtra dressing application and changes were taking a fraction of the time compared to the previous treatment methods and were easy for the patient to do by herself. The patient has been buying Enluxtra dressings over the counter initially and later has been prescribed Enluxtra to be filled via a DME supplier.



A. **Week 0.**

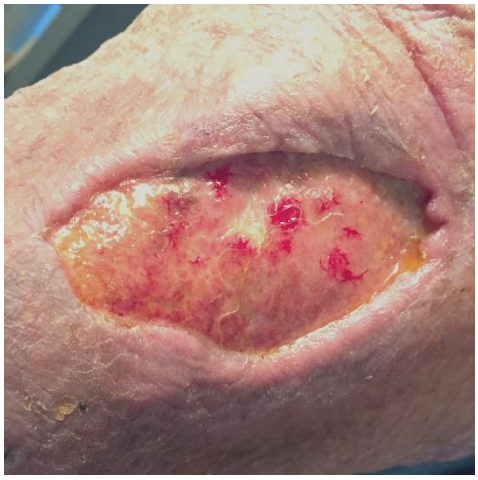
At presentation and before the Enluxtra treatment was started the wound measured approximately 3.7cm x 3.2cm x 0.2cm. The wound bed was sloughy, with macerated wound edges.

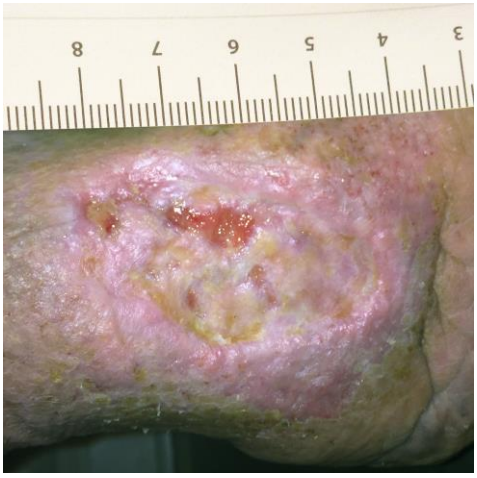
Enluxtra 6”x6” dressing was started with daily changes done by the patient.



B. **Week 2.**

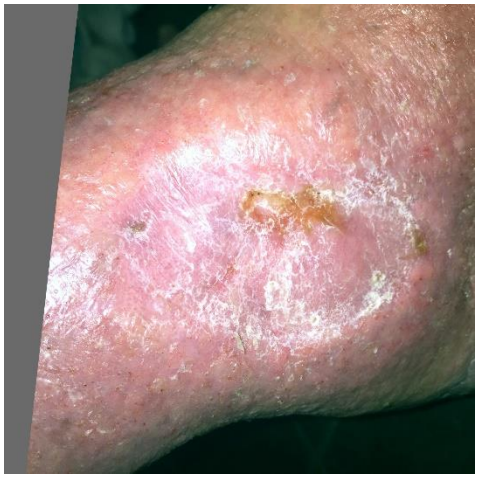
Within two weeks of Enluxtra applications, wound edges and peri-wound started looking healthier. The wound still had a lot of bioburden and it was recommended to the patient to improve the contact of Enluxtra dressing with the wound bed to facilitate the removal of biofilm. The patient started placing some 4”x4” folded gauze on top of Enluxtra to press it down and then applying a cotton tubular elastic net bandage over it. Though compression is the standard of care in similar situations, the patient was unable to self-apply or tolerate.





C. **Week 7.**
By the middle of week 7 the wound bed was flattened and wound edges started contracting. The peri-wound was dry but healthy. Daytime pain decreased to level 1-2 out of 10. Night time pain level varied from 5 to 7. Some pain relief could be achieved when changing the leg position. This was likely ischemic pain due to the patient's poor circulation secondary to CHF, COPD, and sleep apnea.

D. **Week 13.**
Epithelial cell migration continued to bring the wound edges closer together. It was advised to the patient that this important stage of healing required extra care with dressing application and removal in order to protect the fragile new tissue growth.



E. **Week 23.**
Continued Enluxtra dressing applications with variable change frequency (dependent on the patient's comfort level) brought this atypical wound to full re-epithelialization and closure.

Conclusions:
This elderly patient has been able to treat her own wound successfully with the regular help and advice of the medical professional knowledgeable about Enluxtra dressing. During initial care the wound bed had a thick layer of slough and large amounts of thick drainage that prompted necessary daily changes. Within several initial dressing changes, the patient learned to asses the drainage pattern, and also recognized that her pain was minimizing causing very little daytime discomfort when a fresh Enluxtra dressing was applied. However, with prolonged wear when the dressing would start getting saturated with exudate the patient noted an increase of pain and discomfort which served as an indicator that it was time to change the dressing. She was able to assess her need for a dressing change based on her comfort level. Once the wound bed was clear of slough and drainage decreased the patient was able to leave the dressing on for up to 7 days. This difficult, atypical, recalcitrant wound healed in less than 6 months with Enluxtra treatment after 4 years of unsuccessful previous treatments.

Reference:
Vicki Fischenich, RN, MSN, GNP-BC, WCC Self-treating patient with clinical help via telemedicine channels.