## Case study:

## Management of dorsal wound with exposed tendons using dermal substitute and self-adaptive dressing over it

***Patient:*** A 50-year-old diabetic male patient with an active substance abuse problem was hospitalized for hyperglycemia and burn wound to the right foot.

***Wound and previous treatment:*** A significant infection to his right foot developed and the patient underwent partial 4th and 5th ray amputations after his 5$^{th}$ toe turned gangrenous. Post-amputation the patient had a residual dorsal defect with exposed tendons for which NPWT was placed. Further treatment included use of a 3-dimensional human dermal substitute combined with self-adaptive dressing.

### *Enluxtra treatment:*

**At presentation.**

- Immediately post-amputation and surgical debridement.
- NPWT was prescribed and applied to the open ulcer.

**Week 0.**

- Two weeks post-amputation. NPWT was used to prepare the wound bed for placement of skin substitute treatment.
- Wound base was fibrogranular.
- Periwound was clean and intact with mild non-erythematous discoloration.
- Human dermal substitute was applied to the wound with self-adaptive dressing on top to preserve moisture balance.

**2 weeks.**

- After two weekly applications of human dermal substitute with self-adaptive dressing placed over it, tendons remained viable; the wound bed primarily consisted of healthy beefy red granulation tissue, without periwound maceration.

**8 weeks.**

- After 8 weekly applications of human dermal substitute with self-adaptive dressing placed over it, tendon was covered, the wound was nearly epithelialized.
- Reduction of wound size was significant.

Reference:
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