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DEEP ULCER ON CHARCOT FOOT CLOSED USING POLYMERIC MEMBRANE SILVER CAVITY FILLER

Charalambos Agathangelou

Dhali Community Geriatric Home, Dhali, Cyprus

A 38 year old type 1 diabetic woman contracted a deep malodorous pressure ulcer on the sole of her Charcot foot. She was treated with cadaxomer and povodine iodine and systemic antibiotics for a Pseudomonas infection. The wound was 7 x 6 cm and 4 cm deep with exposed bone and was constantly macerated due to large amounts of exudate. After five months her wound was still deteriorating. Amputation was under discussion.

Aim: To find a dressing regime that could handle the large amount of exudate and decrease the bioburden, giving the wound a chance to heal.

Method: Polymeric membrane cavity filler, and cover dressings contain a surfactant, a super absorbent and glycerine, which work together to facilitate autolytic debridement by loosening the bonds between slough and wound bed. The liquefied slough is absorbed into the polymeric membrane product and is thus discarded at dressing changes. Polymeric membrane dressings and cavity filler decrease maceration risk by wicking exudate directly away from the wound surface and locking it into the dressing in the form of a gel. The silver versions have additional antimicrobial properties. Polymeric membrane silver cavity filler and cover dressings were initiated with twice daily dressing changes for the first three weeks. Specialized offloading orthopedic shoes were made by a podiatrist.

Result: The treatment completely controlled the exudate and odour. After 3 weeks the antibiotic treatment was discontinued and daily dressing changes were sufficient. After 6 weeks a swab verified that the infection had resolved, so a standard polymeric membrane wound filler and dressings were used. After a total treatment time of less than 4 months the deep ulcer had completely closed.

Discussion: The brisk transition from amputation risk to healing convinced us that polymeric membrane cavity filler is an excellent choice for infected cavity wounds.