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WHAT TO DO AFTER LIMB REPERFUSION, IN DIABETIC FOOT ULCERS?

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Aim: Lower-limb peripheral arterial occlusive disease (PAOD) is a major risk factor in diabetic foot disease.

The detection of significant arterial disease is vital to the prevention and treatment of foot disease.

This should help identify disease that is amenable to revascularization either by angioplasty or bypass.

After this procedure, in diabetic patients with diabetic ulcers, the primary goal is to achieve closure as quickly as possible.

This paper describes a case of a 75 year-old man, with a diabetic foot ulcer in the dorsum, after restore of the arterial perfusion by angioplasty, and the treatment options to achieve fast healing.

Material and Methods: The wound is circular, covered with slough, with scant exudates.

Local management includes application of a wound balancing matrix, pre moistened with saline, covered with a hidropolymer adhesive dressing.

Dressing changes occur every 3 days.

Results: Complete healing in 35 days, with a very good strength of the skin and without scar.

Conclusion: The wound balancing matrix shows to be an effective option to accelerate the closure of diabetic foot ulcers, preventing the risk of infection. The hydropolymer dressing has shown to be ideal to maintain a good moist wound healing environment, avoiding maceration and keeping the surrounding skin in good condition.