

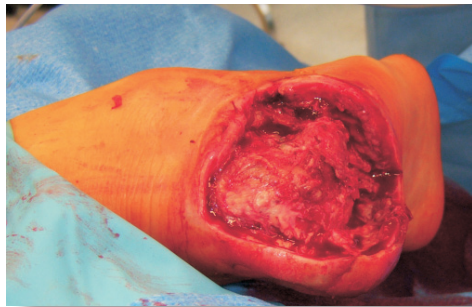
Patient with heel necrosis in polyneuropathy in diabetes,



Heel necrosis progressive after first excision and primary treatment with NPWT reuptake.



Local excision and debridement.



Necrosis ranging all the way to the heel bone.



Distinctive fibrin coating in the area of the soft tissue defect. Initiating granulation tissue formation in the area of the heel bone.



Further dressing change with MOMOSAN white.



Local good granulation tissue formation.

Subsequently, good granulation tissue formation. However, in the case of the patient suffering from dementia with distinctive polyneuropathy, a lower leg amputation was nevertheless required, in the case of repeated pressure and infeasible consistent relief.