5th Congress of WUWHS: Firenze TREATMENT OF DIABETIC DAMAGE AT HOME

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Introduction: A female patient of 90 years of age, diabetic for twenty years, former smoker for 65 years, has come with large lesions on both lower limbs. Previously treated for three months with no apparent effect.







Method: First the area was cleansed with saline solution, then a thin layer of collagenase was applied to the necrotic area. After the application of collagenase, black honeycomb polyurethane open-cell (MOMOSAN®-black)* was applied on the areas of necrosis, followed by wrapping the limb with white honeycomb polyurethane ribbon (MOMOSAN®-white)*. The site was then covered with German cotton and cohesive bandage. Removing the necrosis and part of the right limb fibrin, a portion of the tendon was uncovered. This was then protected with lipid-colloidal dressing in which consists of a polyester mesh impregnated with lipid colloidal particles (Carboxymethylcellulose).

To facilitate the granulation and to maintain the lowest possible bacterial load on the lesions, polyethylene glycol impregnated gauze (PEG) containing 10% of Povidone Iodine 1.0% was applied with low level adhesive.







Result: There was a significant level of reconstruction with a greater reduction of lesions on the right limb than the left. The surrounding skin has been protected with a bactericidal cream. In which has bacteriostatic, vascularizing, anti-inflammatory, moisturizing and soothing qualities.





Conclusion: After 6 months and 72 dressings the results are of a very positive outcome. The lesions on both limbs have completely healed and the patient attends surgery for the follow up checks every 30 days.

References

- 1) Management of chronic venous leg ulcers. A national clinical guideline August 2010
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- Brandname added by sponsor