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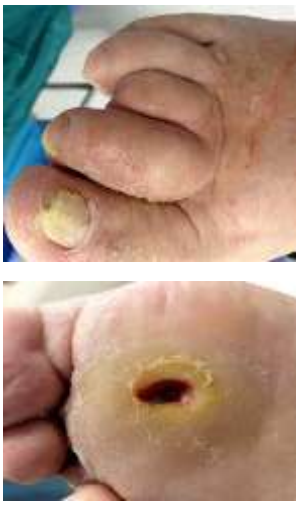
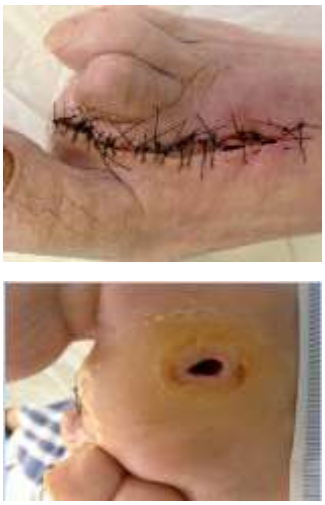
Case 1: Management of diabetic ulcer as well as incision secondary to amputation of right 2nd metatarsal head and toe

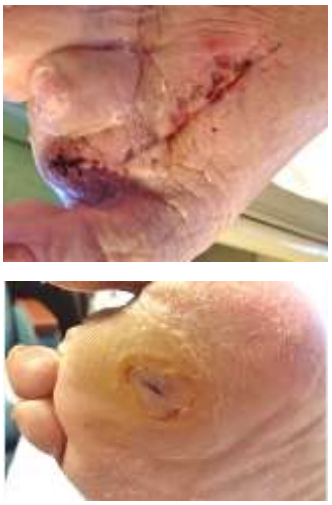
66-year-old diabetic male with coronary artery disease, renal disease and partially amputated right 3rd toe undergoes amputation of the right 2nd metatarsal head and toe. Patient has past medical history of osteomyelitis in 2nd metatarsal head and proximal phalanx, as well as nonhealing diabetic ulcer on the plantar surface of right foot for 3 months.



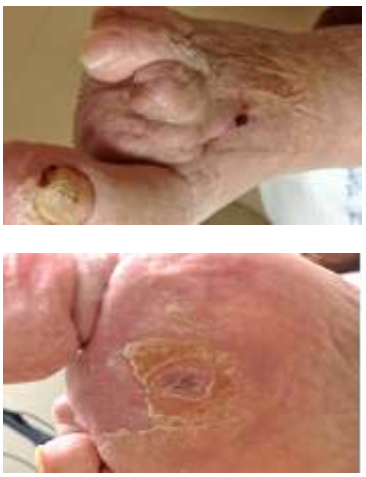
A. **Day 0.** Patient presents with chronic osteomyelitis of the 2nd metatarsal head and phalanx and will undergo amputation of 2nd ray. Nonhealing plantar ulcer has been present for 3 months.



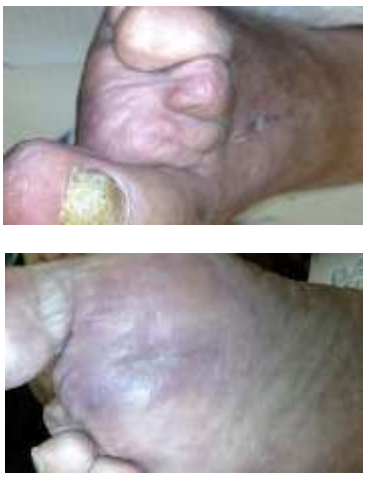
B. **Week 1.** Seven days following amputation and dorsal incision to remove infected bone, wound edges are moist without inflammation or maceration. Plantar wound was packed with iodoform. Two self-adaptive dressings were used to dress the wound—one over the entire incision line and another over the connected plantar ulcer. Dressings were secured with folded gauze to protect the stump, followed by self-adherent elastic wrap.



C. **Week 2.** Iodoform packing is continued on plantar ulcer as well as dorsal incision to assist drainage where sutures were removed. Self-adaptive dressing is applied over packing and secured with folded gauze and self-adherent elastic wrap.



D. **Week 5.** Dorsal incision is 80% healed and plantar ulcer is completely healed. Self-adaptive dressing is continued over dorsal incision.



E. **Week 12.** Post-amputation incision and diabetic ulcer are completely re-epithelialized without further complications.