

# Case study: Diabetic foot ulcer secondary to gout

## Enluxtra® Clinical Results

### CASE 2

#### **Patient:**

A 60-year-old female presented with a diabetic foot ulcer secondary to gout and neuropathy on the lateral side of her right foot great toe. Patient is morbidly obese with an existing diabetic plantar ulcer of 7 months' duration. Patient comorbidities include type 2 diabetes mellitus, gout, arthritis, venous insufficiency, hypertension, neuropathy, and Charcot foot disease.

#### **Wound Description:**

Upon presentation to the clinic, the wound was copiously draining, and inflammation extended to the periwound areas. The periwound skin was erythematous, edematous and warm to the touch.

#### **Initial Wound Treatment:**

Patient restarted allopurinol dosages and started on topical antibiotic and IV daptomycin. Sharp debridement was performed and continued weekly. The wound measured 2.0 x 4.0 x 1.0 cm with undermined edges (Fig. A).

#### **Application of Enluxtra:**

Enluxtra was placed over the ulcer, overlapping 2 to 3 cm onto intact skin, and secured with circumferential gauze wrap. Dressing changes were ordered once daily and performed by a family member.

#### **Wound Progression with Enluxtra:**

One week after initial application of Enluxtra, drainage was drastically reduced and the periwound erythema was largely resolved. Wound margins and undermining were reduced, and debridement of devitalized tissue revealed exposed tendon (Fig. B).

After 2 weeks of Enluxtra, the wound size was reduced to 1.5 x 3.0 x 0.25 cm and the wound bed was 100% granulated over tendon (Fig. C). Periwound redness was no longer present, drainage was slight, and the wound edges remained optimally moist.

After one month of Enluxtra, wound edges remained moist and approximating. The wound measured 1.0 x 1.0 x .25 and was



Wound secondary to gout at initial presentation, following debridement. Edges were undermined, edematous, and erythematous.



One week after initial use of Enluxtra, wound margins and periwound erythema are considerably decreased.



After 2 weeks of Enluxtra, the wound was 100% granulated, including over tendon, with no edema or drainage. Wound and peri-wound area remained optimally moist.

re-epithelializing normally (Fig. D). At 2 months post initial Enluxtra application, the wound was fully re-epithelialized and dressings were discontinued (Fig. E).

**User Experience:**

No dressing adjustment or cutting was required during course of wound healing. The patient was very satisfied with the Enluxtra dressing, particularly with respect to drainage containment, the rapid rate of erythema resolution and wound closure. Enluxtra contained the large amount of drainage early on, decreasing exacerbation of the peri-wound area and facilitating healing.

**Clinical Outcomes/Conclusion:**

During application of Enluxtra in this case, edema and drainage were reduced, and an optimal wound healing environment was maintained, despite multiple patient co-morbidities.

After 2 weeks with the Enluxtra dressing, the wound was 100% granulated over exposed tendon, and within 2 months, the wound was closed without further complications. Enluxtra maintained effectiveness throughout all stages of healing in this diabetic foot ulcer.

**Reference:**

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At 1 month after initial presentation, wound edges are approximating; periwound is healthy with no edema.



After 2 months of Enluxtra dressings, the wound was fully re-epithelialized and the dressings were discontinued.