

Case study: Fourth metatarsal head following amputation

Patient:

A 67-year-old male presented with a diabetic wound of the right foot fourth metatarsal head following toe amputation. Patient was a healthy, insulin-dependent diabetic with hypertension.

Wound Description:

Patient with a diabetic wound of the right foot fourth metatarsal had been unsuccessfully treated by a local physician for 1 month. Patient was admitted to a local hospital for amputation of foot and intravenous antibiotics. Patient sought second opinion from our wound clinic and it was determined that amputation of only the fourth digit was necessary. Three days after amputation, the incision dehisced and the wound began producing copious amounts of drainage. At initial presentation post dehiscence, wound edges were macerated and erythematous, due to the uncontrolled wound drainage.

Application of Enluxtra:

Following debridement, the ulcer measured 3.0 x 1.5 x 1.0 cm with exposed bone (Fig. A). A small piece of Enluxtra was cut and placed between the toes and over the wound, overlapping 2 to 3 cm onto intact skin (Fig. B), then secured with gauze wrap. The aim of the dressing was to absorb and reduce wound drainage as well as facilitate recovery of the macerated periwound skin.

Wound Progression with Enluxtra:

The drainage was well absorbed by the dressing. After one week of Enluxtra application, drainage was reduced and maceration around the wound was decreased (Fig. C). The periwound area was healthy and completely recovered at week 3 (Fig. D).

After 6 weeks of Enluxtra, edema and erythema were no longer present and the wound appeared optimally moist. The wound was smaller (0.5 x 0.5 x 1.0 cm) and well-granulated, including over previously exposed bone (Fig. E). The wound was



Fig.A. Diabetic wound post amputation and debridement with copious drainage and wound edge maceration



Fig.B. Enluxtra dressing applied between toes and overlapping onto intact skin



Fig. C. After 1 week of Enluxtra, wound edge maceration is resolving due to dressing absorption capabilities. Slight erythema is present at the wound

completely closed after 4 months of Enluxtra application (Fig. F), and the patient was discharged from wound care services.

User Experience:

The patient appreciated the ease of application and removal of the Enluxtra dressing, and was encouraged at each dressing change by consistent progress toward closure.

Clinical Outcomes/Conclusion:

The diabetic foot ulcer showed steady progression toward closure at each dressing change with use of Enluxtra, and was completely closed at 4 months. Drainage and edema were decreased and periwound maceration was eliminated with this dressing. Enluxtra appears to be a viable, simplified dressing option for diabetic wounds due to its effectiveness over different tissue types and throughout the wound healing continuum.

Reference:

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Fig. D. Peri-wound is free of maceration and erythema after 3 weeks of Enluxtra. Wound edges remain moist and begin coming together



Fig. E. After 6 weeks of Enluxtra, the wound was well granulated over tissue and bone



Fig. F. At 4-months, the diabetic wound is completely closed