

Case study: chronic pressure ulcers in patient with progressive multiple sclerosis

SELF-ADAPTIVE WOUND DRESSING CLINICAL RESULTS

Patient:

36-year-old female with three stage III/IV ischial and sacral pressure ulcers that have been present for 3 years. Patient is obese, suffers from chronic neurodegenerative disease of the acetabulum and femoral head, and has had multiple sclerosis for 16 years. Her co-morbidities related to progressive MS include loss of feeling and mobility in lower extremities, intermittent leg spasms, bilateral pedal edema, and contracture of hips, knees and ankles. Patient has decreased appetite and difficulty in swallowing that have resulted in malnourishment, despite nutritional supplementation. In spite of these impairments, patient maintains active lifestyle, spending much of her day in Fowler's position.

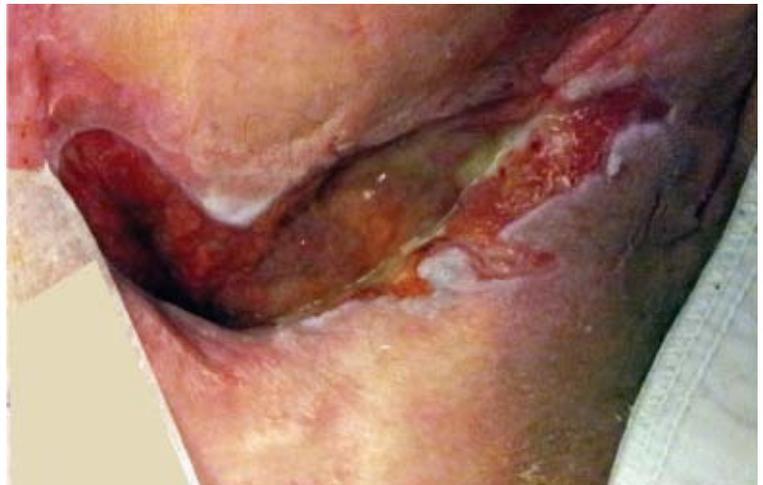
A. Day 0.

Prior treatment for right ischial pressure ulcer includes alginate, hydrocolloid, collagenase, hydrofiber, hydroconductive, and sodium chloride impregnated dressings—all with limited success in drainage control. Wound dimensions are 8.8 x 3.0 x 1.5. Patient orders samples of self-adaptive advanced wound dressing to try. Following irrigation with normal saline, the new dressing is applied.



B. Day 21.

Three weeks following initial use of self-adaptive dressing, slough is considerably reduced and peri-wound erythema and maceration are resolved. Patient is very satisfied with dressing, due to excellent absorption of drainage and reduced dressing change frequency. Wound edges are level with the wound bed and undermining is decreased.



C. 1 Month.

Despite lack of an appropriate offloading mattress, wound continues to progress with 100% granulation tissue filling in the depth of the wound. Drainage is reduced and contained. Wound measures 7.0 x 2.8 x 0.5 cm.



D. 2 Months.

Dramatic improvement in wound width and depth encourages patient to increase compliance with offloading, including re-positioning and ordering an alternating pressure pad mattress.



E. 4 Months.

Patient receives new mattress replacement and is more compliant with offloading. Wound size has decreased to 5.5 x 1.6 x 0.3 cm with flattened, re-epithelializing wound edges.



Reference:

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