

ENZYME ALGINOGEL® TREATMENT OF CATEGORY 4 PRESSURE SORES ON THE RIGHT FOOT OF A PARAPLEGIC.

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INTRODUCTION

In patients with reduced mobility, a combination of pressure and shearing forces provide capillary occlusion, which in turn causes ischemia. Heel pressure ulcers are often associated with arterial disease when there is a disturbance of blood flow i.e. in patients with arteriosclerosis or in diabetics.

Aim: Debridement of necrosis and fibrinous tissue, promote wound healing and trying to avoid amputation of the foot.

TREATMENT

An obese 66 year old man with paraplegia since 1974 has type 2 diabetes mellitus and arterial hypertension. There are two non-healing pressure ulcers on the right foot: the heel (with bone contact) and the lateral side of the foot. The patient is mentally prepared for a possible amputation. Due to occlusion of the right popliteal artery, the patient underwent (on 04/28/11) endarterectomy, percutaneous transluminal angioplasty and stenting. Necrosis could partially be removed by surgical debridement. As the wound cultures are positive for *Proteus mirabilis* and *Candida albicans*, peroral antibiotics are given. The wounds are washed daily with an antiseptic. An antimicrobial enzyme alginogel* is applied in combination with a non-woven gauze. An alternating mattress and floating heels are additional measures.

RESULTS

By treatment with an enzyme alginogel® a moist environment was created and a continuous debridement of fibrinous tissue and necrosis was obtained. After a few weeks the wound cultures were negative. The total healing time took about 2 months.



CONCLUSION

Initially this appeared to be a patient with a non-healing wound, compounded by severe co-morbidities such as diabetes mellitus, vascular disease... Although an amputation was originally considered, the limb could still be saved by extensive therapy and local treatment with an enzyme alginogel® based on alginates and an antimicrobial enzyme system.