

TREATMENT OF INFECTED ISCHAEMIC DIABETIC FOOT ULCERS WITH AN ENZYME ALGINOGEL®

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INTRODUCTION

Aim: In patients with diabetes and PAD, ulcers usually develop in conjunction with minor (shoe-related) trauma. The combination of infection and PAD is a major risk factor for lower leg amputation. Topical wound management is adjunctive to systematic and surgical treatment. Sometimes, conservative therapy is the only option. Debridement of necrotic and fibrin tissue, the stimulating of wound healing, the avoidance of potential foot amputation and patient comfort is, in this case, the primary objective.

TREATMENT

A 79-year-old male diabetic patient developed two shoe-related diabetic foot ulcers with signs of infection on the right hallux. MRA showed occlusion of the superficial femoral artery. A negative probe-to-bone test and X-ray ruled out osteomyelitis. Revascularisation was not an option due to co-morbidity and age. Conservative treatment by a podiatrist specialised in diabetes was started and included temporary footwear, optimal diabetes control, oral antibiotic therapy with clindamycin, and an enzyme alginogel® was applied on both wounds and covered with a highly absorbent cotton and polyester fibre pad. Wound debridement was performed weekly and the wounds were cleaned and washed daily with saline. The patient was educated on how to recognize the signs and symptoms of (worsening) infection or changes in local wound conditions.

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RESULTS

A significant improvement was observed in both wounds. After 6 months, the wound bed of one wound was actually closed and amputation of the foot was prevented. By treating the ulcers with an enzyme alginogel®, a moist environment was created and continuous debridement of fibrins and necrotic tissue was achieved along with painless wound care for the patient.

CONCLUSIONS

The clinical outcome illustrates the effectiveness and the comfort of an enzyme alginogel® in the treatment of infected ischaemic diabetic foot ulcers where the prognosis of healing is poor.