TREATING A NON-HEALING LEG ULCER

The patient was an 87-year-old woman who had a long-standing history of mixed ulceration in her left leg. Seven months before presentation the patient underwent an unsuccessful split-skin graft and had suffered recurrent infection.

At first presentation the ulcer was located primarily on the inner aspect of the lower left leg and on the Achilles area extending to the outer aspect of the foot (Figure 1). The wound bed showed evidence of hypergranulation and was bleeding during the examination. Wound swabs that had been previously taken revealed the presence of Staphylococcus G and Pseudomonas. There was evidence of necrosis on some of the wound margins and a medium volume of high viscosity exudate across the wound bed and dressing (Figure 2). The wound measured 16x12cm at its widest points.

In the four weeks before presentation the patient had been treated using a silver dressing which was changed every two days. The patient had found the dressing to be painful for the first few hours after application at every dressing change.

It was decided to switch to Suprasorb X +PHMB (Active Healthcare, Burton-upon-Trent) with a 2-3cm overlap at the wound margins with a Mesorb® (Mölnlycke, Göteborg) dressing to cover and toe-to-knee blue line Tubifast (Mölnlycke) with Soft Ban to secure. This would provide an opportunity to deliver an antimicrobial in a form that suited the patient. This regimen was changed every two days and the leg washed in warm water with 50/50 ointment applied to the non-broken skin from the knee down.

After one week of treatment with Suprasorb X +PHMB the wound bed had begun to heal on the inner aspect with epithelium evident across the lower portion of the wound bed (Figure 3). Some hypergranulation remained on the outer aspect (Figure 5). Overall, the wound exudate had become low in volume and viscosity and, on examination, the granulation tissue did not bleed. The wound was measured at its widest points and was found to be 10x10cm. The patient described no pain but a cooling effect when the dressing was applied.

This regimen was continued for a further three weeks during which time the wound continued to reduce in size to 9x5cm with no evidence of a recurrence of infection (Figures 6, 7 and 8).

CONCLUSION

While the patient was being treated with Suprasorb X +PHMB the wound changed from a non-healing critically colonised wound with hypergranulation which was bleeding when touched to a healing wound with healthy granulation and epithelialisation. The dressing reduced the wound exudate and facilitated healing without causing the patient any pain.

Figure 1. Outer aspect of the leg showing the perimeter of the ulcer.

Figure 2. Inner aspect of the leg with ulceration and hypergranulation of the bleeding wound bed.

Figure 3. This image shows the exudate on the previous dressing and the wound bed.

Figure 4. Linen aspect of the ulcer with an improving wound bed.

Figure 5. The Achilles area of the limb showing the ulceration.

Figure 6. Outer aspect of leg and Achilles area showing epithelialisation across the previous wound area.

Figure 7. The Achilles area with epithelium across the previous, open wound.

Figure 8. Final area of ulceration on the Achilles area.