In this six patient case study, we examined the versatility of dHACM allograft in healing intractable lower extremity wounds of a vascular etiology.

Methods

- Patients with wounds remaining unhealed for a minimum of one year and had failed a variety of other treatments.
- The group contained six wounds (five venous ulcer and one diabetic foot ulcer) which had been present for between one and eleven years (average of 4.78 years). Five of the wounds had been unsuccessfully treated five times with a bioengineered skin substitute, and in addition two wounds had been treated with radiation due to squamous cell carcinoma. Treatment consisted of waiting one month after final application of the bioengineered skin substitute, tissue biopsy for culture, debridement, and conventional wound care. We applied dHACM after sharp debridement as needed, followed by standard topical dressings. Patients were assessed weekly for wound closure. Of the four wounds that were healed by the time of publication, there were an average of 3.5 applications of dHACM in an average of 7.5 weeks and an average initial wound size of 16 cm². The effectiveness of the dHACM graft was due in part to its role as a scaffold along with its long shelf life and ease of use to make it an effective treatment choice for chronic wounds.

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Results

- 5 of the 6 intractable wounds in this case series healed with dHACM.
- These 5 wounds were present for an average of 5.6 years and healed in an average of 13.5 weeks with 5.5 dHACM allografts.

Case 1: Radiation wound. Chronic for 11 years

Case 2: Radiation wound. Chronic for 2 years

References

2) Miller M. Delayed Cost implications of the pressure ulcer treatment guideline. Columbus: Center for Health Policy Studies; 1995 (Study commissioned by WPD).