Practical experience

10

Beate Koch, nurse

Treatment of an Arterial-Venous Leg Ulcer with LIGASANO® white

Patient details:
88 years old, female, partly mobile, moves with assistance up to 20 steps with the walking frame, otherwise in the wheel chair, moves hardly independently. Very fearful, walk insecure, intellectual agile, little hearing impaired. Lives with her children and grandchildren at home. She is supportet in the basic care by them and a nursing service.
Arterial-venous mixed ulcer, skin and lower leg very dry and scaly. According to information of her family members, she suffers from dry skin and pruritus and reacts sensible to body care products and plaster.

Pre-existing diseases:
Cardiac insufficiency, arthrosis of the hips, recurrent water retentions in the lung and both lower legs, no diabetes mellitus.

Medication:
Beta blocker, diuretic agents if required, medication for decholesterolisation.

Diagnostic findings of the ulcerations at 12/10/2007:
Very painful wounds, a lot of fibrinous coatings and in places dry necrosis. Oedema at both lower legs; the skin is dry, stretched and shiny.
After consulting the family doctor we have begun the treatment with sterile LIGASANO® white, all in all with a thickness of 2cm, overlapping the wounds generously. Daily dressing change.

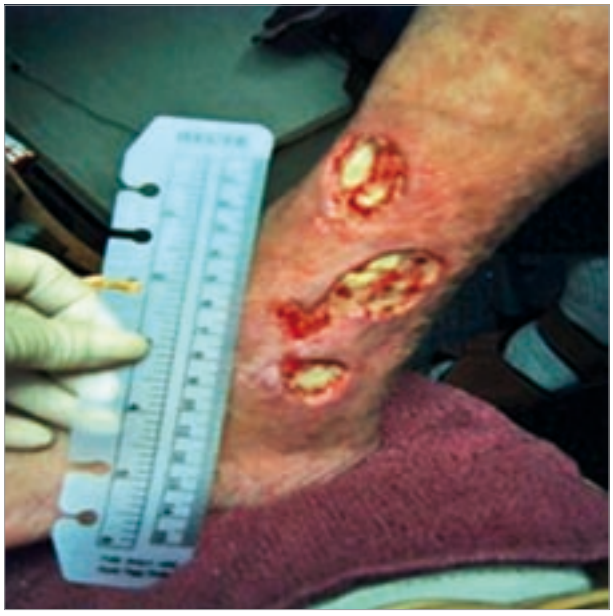

Fig. 1:
Findings at 05/11/2007: the ulcerations show defined wound edges. In all three wounds are very tight fibrinous coatings, in the upper ulcer precipitate spalls of chalk, which we can remove only badly and painfully for the patient.

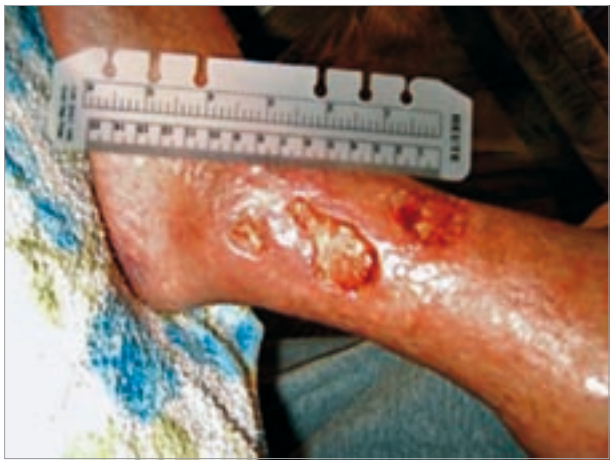

Fig. 2:
Findings at 04/12/2007: considerable reduction of the lower ulcus. The middle ulcus is granulated except for slack fibrinous coatings, which we can remove machanically. The upper ulcus is granulated to the niveau of the skin and is now in the phase of epithelisation.

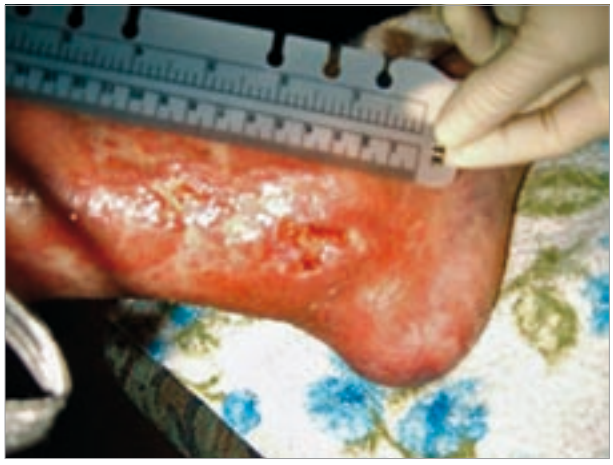

Fig. 3:
Findings at 04/12/2007: because of an allergic reaction to a skin care product, a new ulcer at the left inner ankle developed. Here we use the same dressing system with LIGASANO® white, covering the complete ankle.

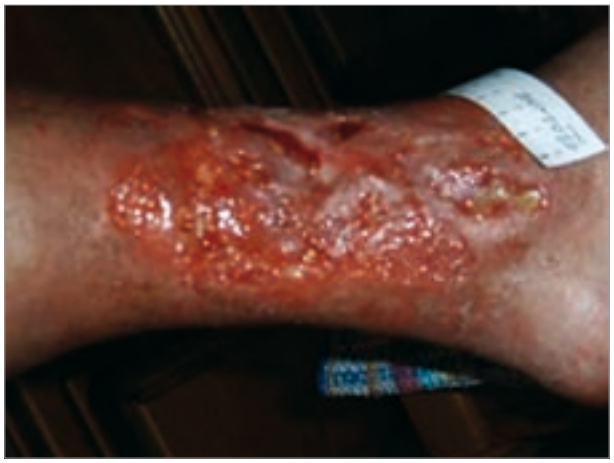

Fig. 4:
Findings at 19/03/2008: state of the ulcer of the left lower leg, inner ankle: with the extensive use of LIGASANO® white the bland plaques have loosened in the wound environment of the inner ankle and have begun to weep heavily. The primary ulcer granulated well and begins to minimise.
Dressing change every 2-3 days, depending on the quantity of exudate.

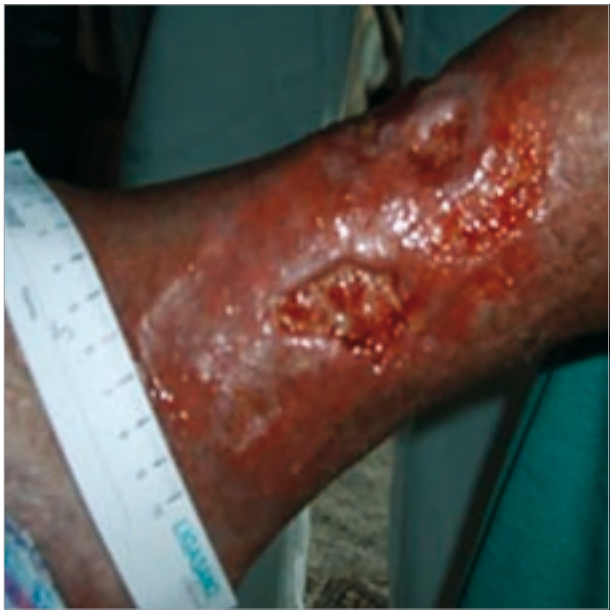

Fig. 5:
Findings at 19/03/2008: state of the ulcer of the left lower leg, tibia and lateral ankle: the lower ulcer is granulated almost up to skin nveau, with beginning epithelisation. The middle ulcer is already significantly smaller and the upper ulcus is nearly closed.

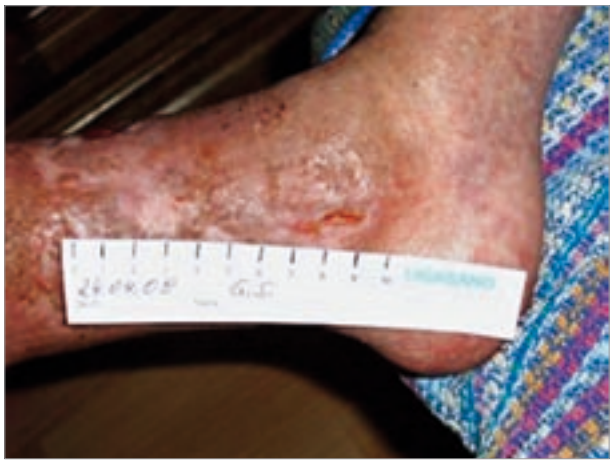

Fig. 6:
Findings at 24/04/2008: state of the ulcer of the left lower leg, inner ankle: complete epithelisation at the inner ankle, only skin care, yet.

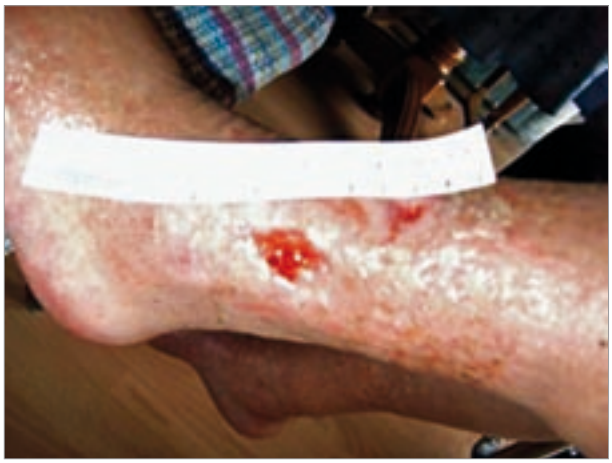

Fig. 7:
Findings at 24/04/2008: state of the ulcer of the left lower leg, tibia and lateral ankle: the lower ulcer is granulated up to skin niveau, the epithelisation proceeds. The middle ulcer is epithelisated, the wound environment is intact.

Summary:
In this case the easy application of LIGASANO® white and its reliable effect of favouring the blood flow has shown, that it is possible to heal an arterial-venous mixed ulcer only with one product.

Case report of April 2008
from Beate Koch, Müden, Germany

Info 08122 edition 2010-10