

CLINICAL USE OF NEOX[®] CORD 1K AS AN ADJUNCT THERAPY IN PROMOTING HEALING IN A COMPLEX WAGNER GRADE 4 COMPLEX RECALCITRANT DIABETIC FOOT ULCER

by: Javan Bass, DPM, Metro Foot and Ankle Centers, PC, Lithonia, GA

IN 20 WEEKS

FROM HERE...



...TO HERE.



WHY THIS STUDY IS RELEVANT:

Complex foot ulcers with exposed bone, tendon, muscle, and/or joint capsule, are particularly difficult to heal, especially when complicated with osteomyelitis, infection and or gangrene.

CASE EXAMPLE:

A 42-year-old male with peripheral vascular disease (PVD) despite revascularization, hypertension, and diabetes with neuropathy presented status post 5th digital amputation and wide margin radical resection of plantar vault, secondary to persistent staph infection and gangrene. Patient was previously recommended for below-knee amputation. Hyperbaric oxygen therapy was utilized for 4 weeks post excision.

KEY POINTS:

- High closure rates with fewer applications
- Help expedite wound healing
- Facilitate rehabilitation and recovery

TREATMENT PROCEDURE:

Patient received 4 applications of NEOX CORD 1K umbilical cord wound allograft over 12 weeks. Prior to first application, wound was sharply debrided. NEOX CORD 1K application provided complete coverage of wound and was sutured along the wound edge with 4-0 PROLENE[®] non-absorbable simple interrupted suture. Restore mesh contact layer dressing was applied, followed by 4x4 gauze sponge and CONFORM[™] stretch gauze roll. Each of 3 subsequent applications of NEOX CORD 1K was preceded by debridement of nonviable soft tissue on surgical day only. Subsequent applications, at weeks 4, 8 and 12, were preceded by debridement of nonviable soft tissue on surgical day only. Application site otherwise undisturbed.

OUTCOME:

Patient healed in 20 weeks with 4 applications of NEOX CORD 1K umbilical cord wound allograft despite weight-bearing noncompliance and ongoing poor control of diabetes. Tissue strength at week 20 able to withstand complete and full weight-bearing without threat of further tissue breakdown. Patient managed full weight-bearing in diabetic shoe.