

Treating a lower extremity wound in outpatient setting after motor-vehicle accident injury

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INTRODUCTION

Patients with multimorbidity who incur traumatic complex wounds often struggle to heal.¹ The use of advanced care products such as cellular, acellular, and matrix-like products (CAMPs) are showing promising outcomes for patients with multimorbidity in achieving wound closures.²

Importantly, holistic patient care including management of multimorbidity, and adequate wound debridement at each visit are crucial to patient outcomes.³ The use of dehydrated human amnion/chorion membrane (dHACM) allografts are evidenced to shorten time to wound closures and decrease amputation rates particularly in patients with chronic or complex wounds who suffer from with multimorbidity.^{4,5}

CASE DESCRIPTION

This case presents a 42-year-old woman injured in an motor vehicle accident. She incurred multiple open traumatic wounds, which were surgically closed. Importantly, her multimorbidity included hypertension, hyperlipidemia, obesity, gastroesophageal reflux disease (GERD), and an ovarian cyst.

Due to an open wound on her left lower leg with exposed tibia, she was referred for wound care 34 days later. The measured at the wound surface area measured at 210 cm², 1.0 cm deep, and 6 cm tunneling at 6 o'clock, measured after debridement. NPWT and compression therapies were initiated. One month later the wound surface area persisted (210 cm², 1.8 cm deep, and 5.7 cm tunneling at 6 o'clock). Thus, dHACM allograft was added to the treatment regimen.

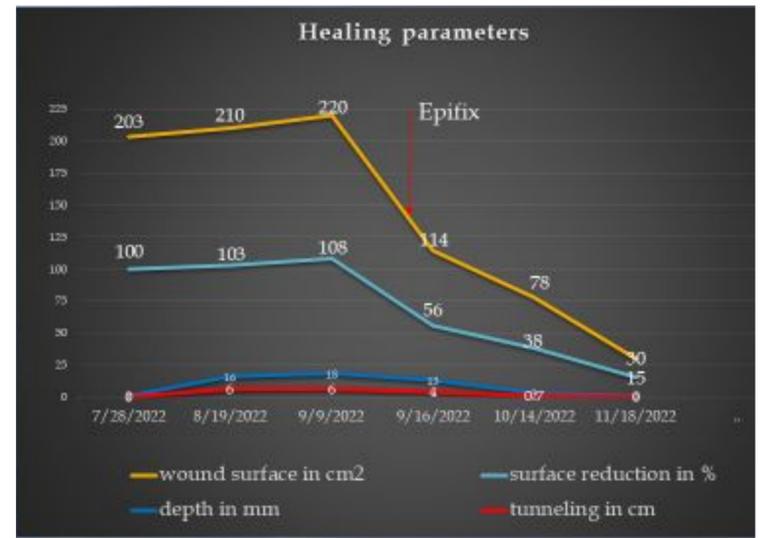
EpiFix is a Dehydrated Human Amnion/Chorion Membrane (dHACM) produced by MIMEDX Group, Inc., Marietta, GA, US)

dHACM Use

Seven days after EpiFix was initiated, the wound decreased in size (114 cm², 1.3 cm deep, and 4 cm tunneling at 6 o'clock) The second dHACM allograft was applied, and NPWT and compression therapies were continued.

One month later (day 35), the wound continued to improve measuring at 78 cm², 0.3 cm deep, and 0.7 cm tunneling at 6 o'clock. The third dHACM allograft was applied, and NPWT and compression therapies were continued. On day 77, the wound continuing to improve measuring at 30 cm², 0.1 cm deep, and 0 cm tunneling at 6 o'clock. The third dHACM allograft was applied, and NPWT and compression therapies were continued.

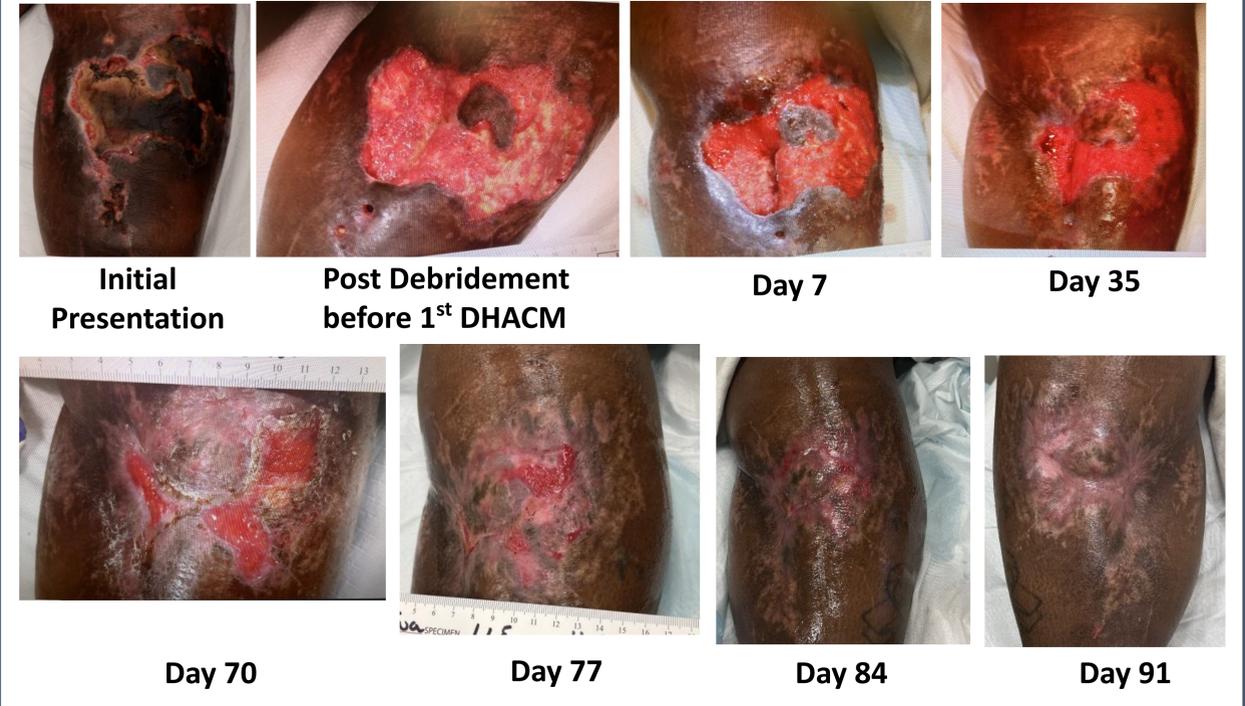
On day 91 the wound was healed and all therapies were discontinued.



Conclusion

Use of dHACM in stalled traumatic wound, particularly in patients with multimorbidity is supported in the literature.¹⁻⁵ In the case described we found dHACM to closure of a stalled complex wound in a patient with multimorbidity.

WOUND HEALING TIMELINE



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