

CASE STUDY: WOUND LOCATED AT THE LOWER LEG ON A FRAGILE GRAFTED SITE COVERED WITH THIN AND SENSITIVE SKIN

BACKGROUND

Male in his fifties. Immobile. Woulgan treatment initialised for the first time in November 2014. Treatment initiation agreed with the responsible physician. The skin graft is approximately two years old. The patient reported that he had been suffering from a recurring wound in this area. The skin is thin and sensitive and it is therefore easy for new wounds to appear due to a trauma or even due to dressings sticking to the fragile wound bed.

CLINICAL ASSESSMENT AND TREATMENT

This is a type of wound which makes it challenging to optimise the treatment. Other local treatments have been used, but the wound is still stalled and not completely healed. Woulgan is a new product on the market with a new approach. It was decided to investigate whether this could reactivate the healing process and bring the wound further. When changing the dressing the wound has been cleansed and debrided, and wound edges have been protected by zinc paste. Woulgan has been applied slightly. A thin foam with a non-sticking layer has been used as a secondary dressing. Woulgan has been applied every time the dressing has been changed.

At presentation - November 2014
(Figure 1)

Some intact skin but spots of open wound seen in several areas. Treatment with honey discontinued and Woulgan treatment was initiated.

After 6 months - May 2015
(Figure 2)

- Large parts of the wound has healed, but still there are some small unhealed areas
- The Woulgan treatment continues



Figure 1: Wound at presentation



Figure 2: After 6 months of Woulgan treatment

After 7 months - June 2015

(Figure 3)

- Good results observed
- A new wound near the lower edge of the original wound has appeared though - most likely due to trauma
- It was decided to stop Woulgan treatment and only protect the wound with a foam dressing

After 9 months - August 2015

(Figure 4)

- The wound has recurred. The reason is unknown but most likely due to sticking dressings or trauma to the area
- Woulgan treatment re-initiated

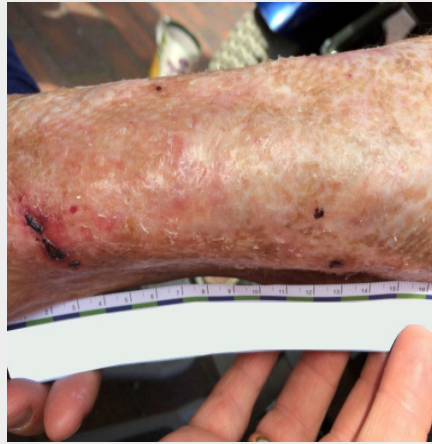


Figure 3: Month 7 of Woulgan treatment



Figure 4: Month 9 of Woulgan treatment

28 September 2015

(Figure 5)

- Excellent wound healing. Both the patient and the health care professionals are very satisfied with the result of the treatment



Figure 5: 28 September 2015 - Excellent wound healing

RESULTS AND DISCUSSION

- The skin graft site was approximately 2 years old when the treatment with Woulgan was initiated and the patient reported suffering from recurring wounds in the area
- This type of wound makes treatment challenging
- Nonetheless, Woulgan led to a healed wound, even though the site was traumatized several times during the treatment process
- Both the patient and the health care professionals are very satisfied with the result of the treatment