

## Case report: 3 year old chronic wound closed in 7 days with DermaClose

Charles J. Hastings, DPM, AACFAS- McKenzie-Hastings Institute for Foot & Ankle Surgery, Suffolk, VA; Associate Professor, Eastern Virginia Medical School, Norfolk, VA

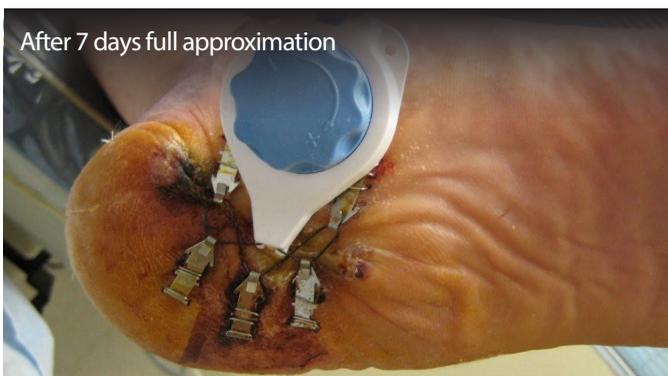
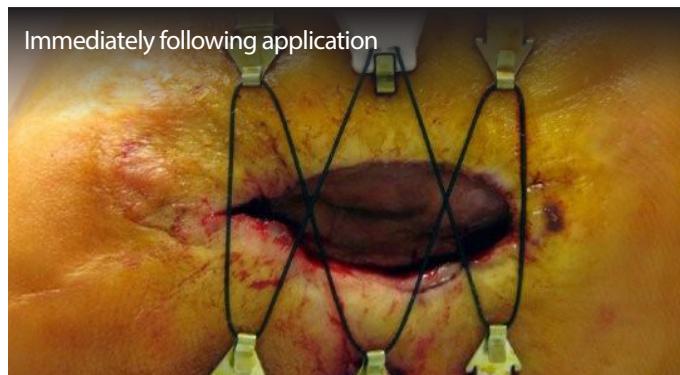
### Case report #15:

This is a 48yo 430-pound diabetic male that sustained a left heel puncture wound from an unknown object while in New Orleans as a relief worker following Hurricane Katrina in August of 2005. States his lower extremities were submerged for days at a time while continuing with the relief work. This non-healing wound was subsequently complicated by typhoid osteomyelitis and preexisting valgus deformity of the ankle. The patient has seen multiple providers since then including wound care, general, vascular, orthopedic, and plastic surgery teams.

The patient has been treated with multiple modalities including wet-to dry, various silver products, Regranex, Accuzyme, Panafil Green VAC NPWT, multiple debridements, partial calcanectomy, skin grafts, hyperbaric therapy, partial/non-weight bearing, CAM, CROW, Colorado

Custom Brace, Roll-A-Bout, and multiple rounds of different antibiotics under the guidance of the Infectious Disease team. Wound cultures have ranged from normal flora, to typhoid, to MRSA, to VRE.

After revision of the partial calcanectomy complicated by post-operative infection and dehiscence, the wound was allowed to close by secondary intention. After three years, the full-thickness ulcer had improved to 3.6cm x 2.9cm x 1.2cm deep with a granular base and mildly undermining hyperkeratotic rim with no signs of infection or ischemia. The DermaClose was applied. One week later the DermaClose was removed with 100% edge approximation. The skin edges were freshened and successfully closed without flap tension or suture ischemia.



To schedule a visit by a professional sales representative, please call (800) 896-0436. Learn more at [dermaclose.com](http://dermaclose.com).