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Patient is a 58-year-old male with diabetes mellitus who on 12/01/07 underwent partial first ray amputation that was left open. This was performed due to osteomyelitis of the first metatarsal. He was getting wet-to-dry dressing changes on daily basis along with local wound care. After extensive surgical debridement the wound measured 4.0 x 2.5 cm x 1.5 cm deep.

On 02/07/08, a DermaClose tissue expander device was applied to his skin to help facilitate closure. The patient returned to the office 24 hours after placement of the device for delayed primary closure with 3-0 Prolene suture. Following the delayed primary closure, Unna boot and Coban compression dressing were applied which he has been getting twice a week.



Chronic post-amputation defect



Following application

On 02/21/08, sutures were removed and Coban, Unna boot were applied again. Patient has not had any complications and still has a small opening of the proximal portion of the wound which is completely granular in nature with no probing to bone and no exposed bone. At one month status post delayed primary closure his wound is progressing well.

The patient returned to my office on 3/25/08 for follow up. The wound is completely healed. I found the DermaClose to be easy to use and effective in assisting with closure of this wound. I see significant advantages to closing this type of wound with adjacent tissue which is higher quality than scar tissue.



24hrs later sutured



Seven week follow-up