

LIVING WITH A VENOUS ARTERIAL LYMPHATIC ULCER FOR FOURTY-SEVEN YEARS – A CASE STUDY

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Introduction:

A total treatment approach may be effective in complex cases of patients with multiple chronic pathologies.

Aim:

The aim of this case study was to evaluate an integrated multidisciplinary treatment approach to prevent lower limb amputation in a patient with a venous – arterial - lymphatic leg ulcer that persisted for 47 years (Fig 1).

Methods:

Case ascertainment was used.

• Medical status:

The 77-years-old woman had a leg ulcer for over 47 years. She has a long history of arterial disease, had an infected stent, severe rheumatoid arthritis, anemia, factor V-Leiden and Buerger's disease. She is mobile with a walker and her nutritional status is moderate. Medication consists of diuretics, beta blocker and pain medication.

• Vascular assessment and biopsies: Ruled out vasculitis and malignancies.

• Ulcer condition:

Patient reported wound pain was VAS 8.50.

Edema is present in both legs, ulcer size upon presentation: 28.6 cm² ; the ulcer bed contained 95% slough and 5% granulation tissue (Fig 1).

• Multidisciplinary team approach :

Psychological counseling to help her cope better, education about her situation and enabling self care (Fig 2).

Low level laser treatment and manual lymph drainage (Fig 3 and Fig 4).

Debridement with a *monofilament fiber product + PHMB (Fig 5 and Fig 6).

A ***collagen dressing was used covered with an ****absorbent pad (Fig 7 and fig 8). Compression: **tubular device, only the first layer (± 10 mmHg)(Fig 9).

Results :

After eight months the ulcer area had reduced from 28.6 cm² to 19.1 cm² (66%) with a healthy looking wound bed (Fig 10 - Fig 17 show wound evolution). Her mobility had improved, she started driving her car again. The patient is motivated to continue with the treatment.

Conclusion :

The multidisciplinary approach provided effective care in the community enabling the patients' improved condition supporting her towards ulcer healing.



Fig 1: Situation on entry to our care. A deep painful (VAS 8,50) ulcer on her left leg containing 95% slough and 5% granulation tissue. There is oedema present in both legs.



Fig 2: The team at work



Fig 3 and Fig 4: Manual lymph drainage twice weekly.



Self care at home has motivated her to change to a healthier and more active life style.



Fig 5 and Fig 6: Cleansing and debridement, spot the product.



Fig 7 and Fig 8: Application of the collagen dressing.

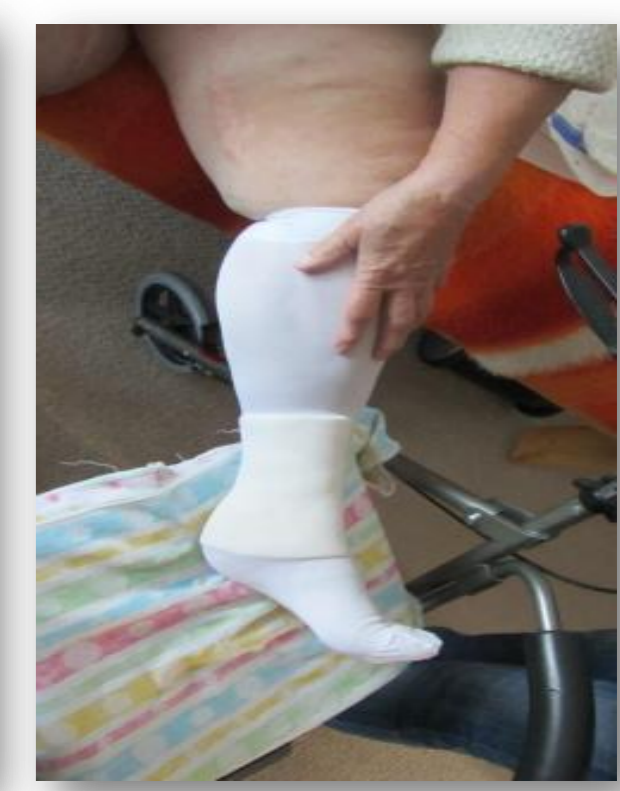


Fig 9: Tubular compression



Fig 10: Day 0



Fig 11: After 1 debridement session



Fig 12: At day 10



Fig 13: At 4 months



Fig 14: After non-related hospital admission and poor wound care her ulcer deteriorated.



Fig 15: Two weeks after discharge, debridement and wound care showed results.



Fig 16: The cavity is filling up with granulation.



Fig 17: Epithelialization.



Fig 18: Ulcer is healing.

*Debrisoft®, **Actico® Silk, ***Suprasorb® C, ****Vliwasorb® Adhesive, Lohmann & Rauscher