EWMA Journal

SUPPLEMENT

Volume 12
Number 2
May 2012

Published by
European
Wound Management
Association

EWMA 2012

23-25 May · 2012

WOUND HEALING – DIFFERENT PERSPECTIVES, ONE GOAL

Vienna · Austria · Österreich

Organised by the European Wound Management Association in cooperation with Die Österreichische Gesellschaft für Wundbehandlung AWA (Austrian Wound Association)

Organisiert von der Europäischen Wound Management Organisation in Zusammenarbeit mit der Österreichische Gesellschaft für Wundbehandlung, AWA



ABSTRACTS

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PATIENT AWARENESS OF THE DEVASTATING RISK OF AMPUTATION IN DIABETIC FOOT SYNDROME IS CRUCIAL FOR THE OUTCOME: REPORT OF TWO CASES

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Aim: Amputation is a severe complication of diabetic foot syndrome (DFS) but preventable with early and targeted therapy. We are still lagging behind the goals of the St. Vincent Declaration regarding reducing amputation rates in Europe. Education of patients with diabetes and health care practitioners are mandatory in order to reach this goal. We report two cases of DFS, where the patient attitude decided the fate of the DFS outcome.

Methods/Results: Casuistics:
Patient 1: A 44 year old female patient with type 1 diabetes since 18 years presented with life treating infection of a plantar ulcer, which started 3 weeks before with a small lesion. The patient didn´t consult any doctors because of the painless nature of the ulcer. Due to the massive phlogistic tissue destruction of the plantar an amputation below knee was imperative.

Patient 2: A 65 year old female patient with type 2 diabetes and a chronic foot ulcer at the fore foot consulted our diabetic foot clinic for a second opinion, because the primary care physician recommended a below knee amputation. A revascularization procedure was performed followed by a necrectomy and skin grafting which resulted in limb preservation.

Conclusion: Patient awareness of the risk of foot ulcers and the knowledge of the adequate treatment facilities as well as trained physicians are essential for the outcome of DFS. Further efforts to develop strategies to improve patient education and health professional training are required in order to reach the St. Vincent Declaration goals.

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ROLE OF WOUND CARE AND HYPERBARIC OXYGEN THERAPY IN THE TREATMENT OF SCLERODERMA WOUNDS

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Aim: Lower extremity wounds in scleroderma are not very common but are hard to heal because of the vascular and skin components. We want to share our experiences of two scleroderma patients who suffer from non healing wounds.

Method: It's a presentation of two cases.

Cases:
The 35 year old male patient applied with a wound on the lateral of his left ankle. The wound was 7x7 centimeters, infected and exudated and had necrotic tissue. The foot which had a typical shape for scleroderma had signs of cellulites. Antibiotherapy was started as the rheumotological evaluation was done. Hyperbaric oxygen therapy was applied for thirty days and the dressings were changed regularly. A graft was applied when the wound bed was ready. On the tenth post operative day the wound closed.

Second patient was a 32 year old female with multiple wounds on both legs. The wounds which had smooth margins were not bigger than 5x5 centimeters but almost all of them were deeper than one centimeter. Some of the wounds had necrotic slough. There were many scars from the previous wounds on the legs. Hyperbaric oxygen therapy was started with proper antibiotherapy. Dressings were changed every two days. At the end of thirty HBO treatments only two of the wounds remained but they were superficial. At the end of three months all the wounds were closed.

Conclusion: Both scleroderma patients who had suffered from wounds for at least one year, healed totally by regular wound care and hyperbaric oxygen therapy.