

The use of Algivon® and Advazorb® in the treatment of a plantar ulcer on an elderly patient

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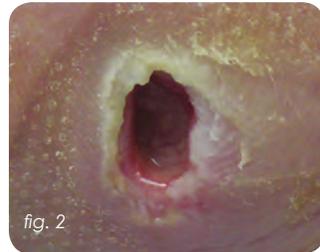
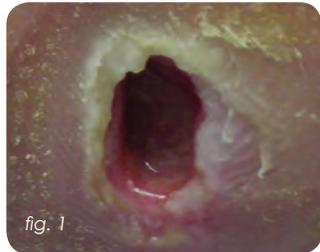
Introduction

This elderly lady presented at the podiatry clinic with a painful right foot. She described pain in the plantar 1st MPJ region.

A brief history of the events preceding her present problem discovered she had stood on a nail, 1 week previous, whilst hanging out washing in the garden. Rather than seek medical assistance she put a plaster over the wound in the hope that it would resolve. Unfortunately the wound had not settled which had ultimately led the lady to seek help. The lady was in general good health with her only medication being Podiatric assessment revealed no peripheral neuropathy, all foot pulses were palpable. There were no obvious signs of infection, but the area over the 1st MPJ area was heavily callused with marked extravasation.

Method

The area was sharp debrided revealing substantial purulent discharge. Once evacuated the cavity probed to approximately 1cm (Texas wound score A3). Spatially the wound lay between the 1st and 2nd met heads (fig: 1 & 2). The lady was started on oral antibiotics (flucloxacillin) and the wound was dressed with non-adherent foam dressing (Advazorb®).



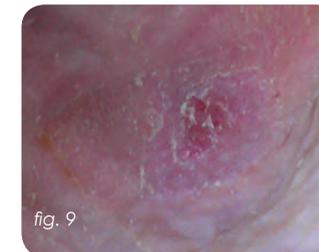
After 3 days the wound had shallowed considerably (fig 3), and further sharp debridement was carried out and a repeat of the non-adherent foam dressing (Advazorb®) was applied for a further 3 days (texas wound score now A ½).

At this point the wound had shallowed out even further (Texas wound score A1) and taken on a triangular appearance (fig: 4).

The wound was redressed with Algivon® dressing (fig: 5 & 6), with a secondary non-adherent foam dressing (Advazorb®). The patient was given instructions to redress the wound approximately every 3 days and a review appointment was scheduled for 14 days.

Results

The wound continued to improve (fig: 7), and within the next 7 days had completely resolved (fig: 8, 9, & 10).



Conclusion

The use of Algivon® along with good podiatric wound care enabled the healing of this rather deep painful lesion within 3 weeks. The foot has remained healed and pain free and apart from a small area of scarring there is little indication of the depth of lesion that had been present originally.