

Open Transmetatarsal Amputation Limb Salvage

Patient Treated by Scott Boynton, DPM | Professor of Surgery, Division of Vascular Surgery, School of Medicine | OHSU

CLINICAL BACKGROUND:

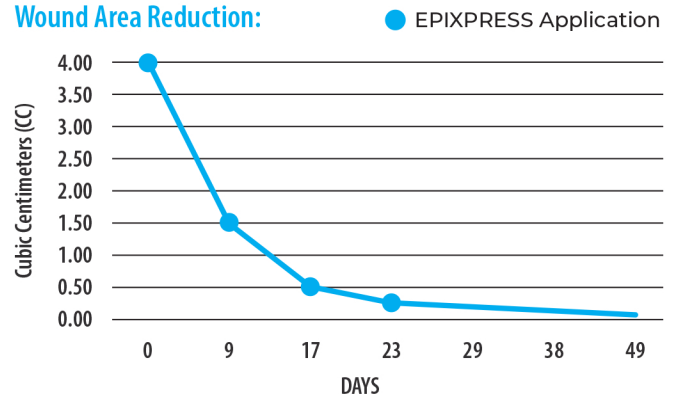
- 64-year-old male with Type 2 Diabetes, peripheral neuropathy presents with history of first and second toe amputations with chronic plantar forefoot ulceration and fourth toe osteomyelitis. Scheduled for Transmetatarsal amputation.

THERAPY GOAL:

Obtain wound closure and prevent below knee amputation

- EPIXPRESS® was applied to cover and protect the wound
- Wound area was reduced 100% from Day 0 to Day 49
- Wound closed by Day 49, after 4 applications of EPIXPRESS
- Surgeon and patient were both very satisfied with the observed results

Wound Area Reduction:



Initial Presentation:



Day 0:

Wound: 5.8 cm x 2.2 cm x 0.3 cm
Wound stalled with standard of care
Applied EPIXPRESS 2 cm x 3 cm (x2)
NPWT



Day 9:

Wound: 5.0 cm x 1.6 cm x 0.2 cm
Debridement, applied
EPIXPRESS 2 cm x 3 cm (x1)
NPWT Continued



Day 17:

Wound: 3.4 cm x 0.8 cm x 0.2 cm
Debridement, applied
EPIXPRESS 2 cm x 3 cm (x1)
NPWT Continued



Day 23:

Wound: 2.9 cm x 0.6 cm x 0.2 cm
Debridement, applied
EPIXPRESS 2 cm x 3 cm (x1)
NPWT Continued



-97% wound area reduction

Day 28:

Wound: 2.5 cm x 0.5 cm x 0.1 cm
After application, ongoing granulation tissue, contractility of the skin edges with minimal hyperkeratosis



-98% wound area reduction

Day 37:

Wound: 1.9 cm x 0.4 cm x 0.1 cm
Increased epithelialization



-100% wound area reduction

Day 48:

Wound closed and Epithelialized under callus

Note:

PAD – Peripheral Arterial Disease
CKD – Chronic Kidney Disease
HTN – Hypertension
NPWT – Negative Pressure Wound Therapy

* EPIXPRESS should not be used on areas with active or latent infection