

EVALUATION OF Ag OXYSALTS DRESSING IN THE TREATMENT OF AN OVERGRANULATING DIABETIC FOOT ULCER

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Introduction

Many factors can delay wound healing¹ and a lack, or an over proliferation of granulation tissue may delay healing and lead to a chronic wound, thereby posing a significant challenge to the clinician. This is further compounded when the patient has co-morbidities. Over-granulation of the tissue in diabetic foot wounds can be significantly problematic due to the vascular compromise and an increase risk of infection². Although many treatments are available for over-granulating tissue it was decided to use Ag OxySalts wound contact layer (KerraContact Ag™, Crawford Healthcare) which had previously demonstrated good clinical results. As the patient was diabetic, the dressing was chosen due to diabetic patients being prone to clinical infection.

Over-granulation (also known as hyper-granulation) can cause delayed healing as the granulating tissue stands 'proud' of the wound, reducing the rate of epithelialisation of the wound and ultimately reduces the speed of wound closure. The risk of infection of such a wound should always be taken into consideration.

This case study reports the wound progress of a type 2 diabetic male with diabetic neuropathy and palpable foot pulses who developed an ulcer over his first metatarsal head.

Method

Upon presentation of the foot ulcer the patient was provided with an offloading insole, however the ulcer was healing very slowly over a 2 month period. A cast was discussed with the patient but he was reluctant to use this as the ulcer was healing, but at a very slow rate. However, one month later the patient agreed to go into a non removable cast to help fully heal the ulcer. Three weeks after this the ulcer was reported as over-granulating.

Still in the non removable cast to off load the ulcer, KerraContact Ag™ wound contact dressing was applied as the dressing could remain in place for up to seven days to help reduce the observed over-granulation and help prevent infection.

Photographs of the ulcer were taken at regular intervals to help visualise the improvements in the wound tissue and size.

The aim of the treatment was to reduce the wound size, prevent infection and increase the rate of wound healing.

Results

After just seven days of treatment with the Ag Oxysalts dressing (KerraContact Ag™) the wound showed significant improvement including a reduction in wound size and quantity of over-granulation tissue. The wound was redressed weekly for a further 2 weeks after which the ulcer was reported as 'nearly healed'. After a total period of 4 weeks the wound was reported as healed. The Ag Oxysalts dressing (KerraContact Ag™) clinically met the clinical aims of the treatment regime.

Wound images were taken during the treatment period (see below – images reproduced with patient permission).

Wound upon initial presentation



Wound 1 week later



Wound after 4 weeks treatment (end of treatment)



The Ag Oxysalts dressings (KerraContact Ag™) were easy to apply and retained integrity throughout the duration of use. The speed of wound progression following treatment with the dressings was particularly encouraging due to the previous observed slow rate of healing.

Discussion

Diabetic foot ulcers can have significant consequences for patients in the form of long term morbidity and disability. The ulcers reduce mobility and can significantly reduce the patients quality of life. If an infection occurs in a diabetic foot this can ultimately lead to foot amputation, especially in patients with peripheral arterial disease and neuropathy. It is therefore beneficial for both clinician and patient for rapid and effective treatment to reduce the risk of further complications developing.

Conclusion

Over-granulating diabetic foot ulcers can pose a significant challenge to clinicians. Prevention of diabetic foot ulceration is critical to reduce the associated high morbidity and mortality rates and the danger of amputation. The application of Ag Oxysalts dressings (KerraContact Ag) can significantly impact wound healing rates and improve the quality of life for patients. This study clearly demonstrates the rapid clinical effect of Ag Oxysalts dressings and the associated quality of life issues for the patient as one of the many important considerations when agreeing a diabetic foot care plan³

References

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3. Speak K (2012) Management of highly exuding diabetic foot ulcers. *The Diabetic Foot Journal* 17: 64-8