

There is a Promising Use of Nitric Oxide-Generating Multimodal Wound Dressing in Highly Ischaemic

DFSG 2026

FLORENCE, ITALY
24-26 SEPTEMBER, 2026

Diabetic Foot Ulcers: A Single-Centre Case Series

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Background

Nitric Oxide Generating Dressing (NOGD) has been shown in RCTs to improve wound healing as well as being a multimodal wound dressing with antimicrobial property. However very ischaemic wounds were excluded from the original RCT.

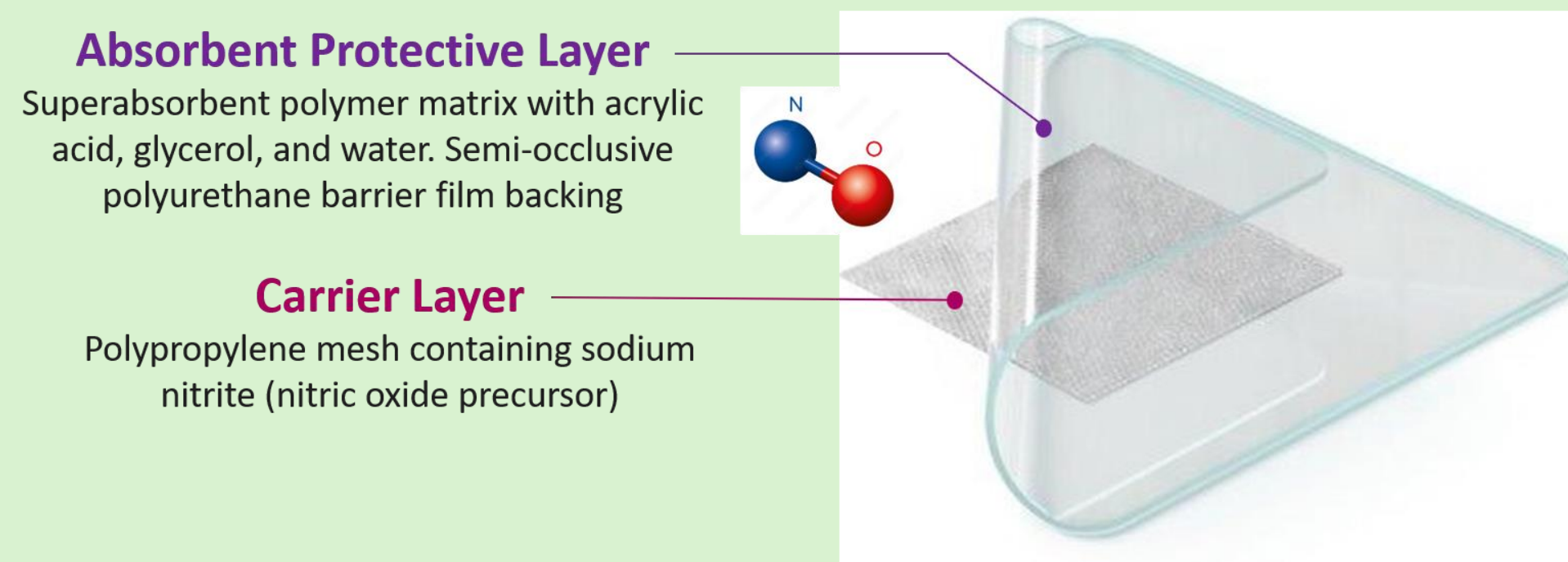
Aim:

To evaluate the potential clinical benefit of an NOGD in highly ischaemic DFUs that had remained static or demonstrated recurrent tissue necrosis despite successful revascularisation and best standard of care (SoC).

Method:

A retrospective review of a single-centre case series. Three consecutive patients with highly ischaemic DFUs (Wagner Grade 4 with localised necrosis). Patients were given NOGD as well as their normal SoC.

ConvaNiox™: a multimodal nitric oxide-generating dressing

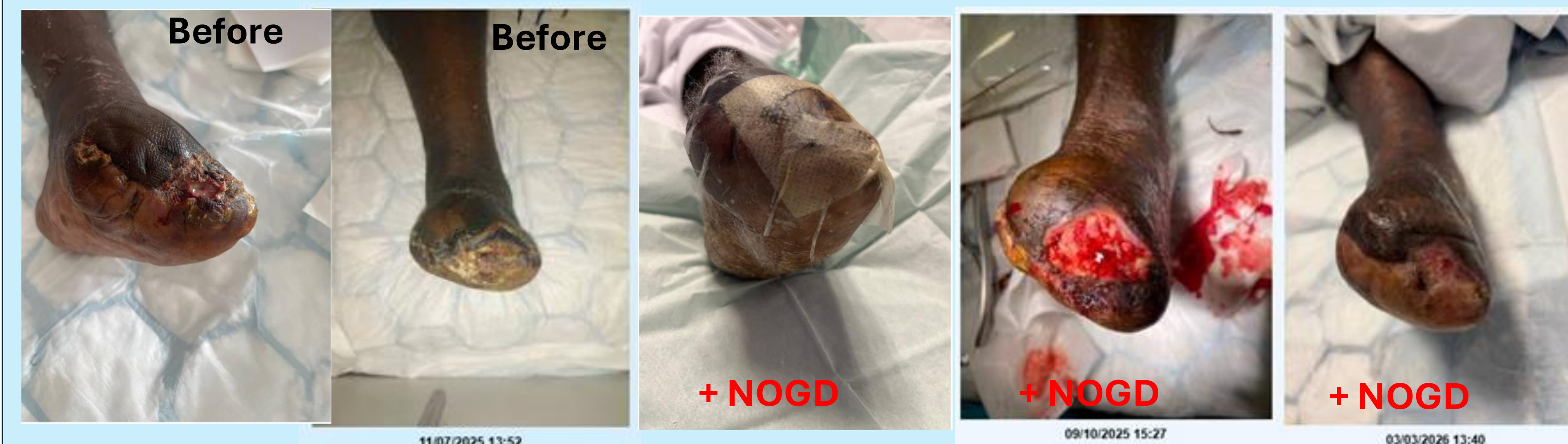


Results:

All cases had undergone successful lower-limb revascularisation but subsequently demonstrated delayed or non-healing wounds, with recurrent wound deterioration, die-back and/or soft tissue necrosis despite ongoing wound care and best SoC.

Following introduction of the NOGD multimodal wound dressing, wound progression was clinically monitored, including changes in wound bed appearance, granulation tissue, suspected biofilm, recurrent necrosis and progression towards healing.

Case 1 — Delayed TMA Healing



- 60-year-old woman; PAD and rheumatoid arthritis
- Ultra-distal bypass followed by left TMA
- Four months of non-healing with recurrent die-back despite standard care
- Following use of NOGD: reduced suspected biofilm and increased granulation
- Healed by 12 weeks

Conclusion:

This case series suggests that an NOGD multimodal dressing may support healing in selected highly ischaemic wounds that remain static or deteriorate despite revascularisation and standard care.

Case 2 — Persistent lateral foot wound post amputation



- 78-year-old man; type 2 diabetes and PAD
- Femoral endarterectomy, distal bypass and fourth/fifth ray amputation
- Persistent non-healing wound with recurrent necrosis despite VAC therapy
- While on NOGD wound had improved progression documented between November 2025 and January 2026

Case 3 — Recurrent post-amputation die-back



- 62-year-old patient with ischaemic forefoot and necrotic hallux
- Revascularisation and amputation
- Recurrent stump die-back before NOGD dressing
- Following NOGD: healthy granulation and no further necrosis
- Healed by 8 weeks