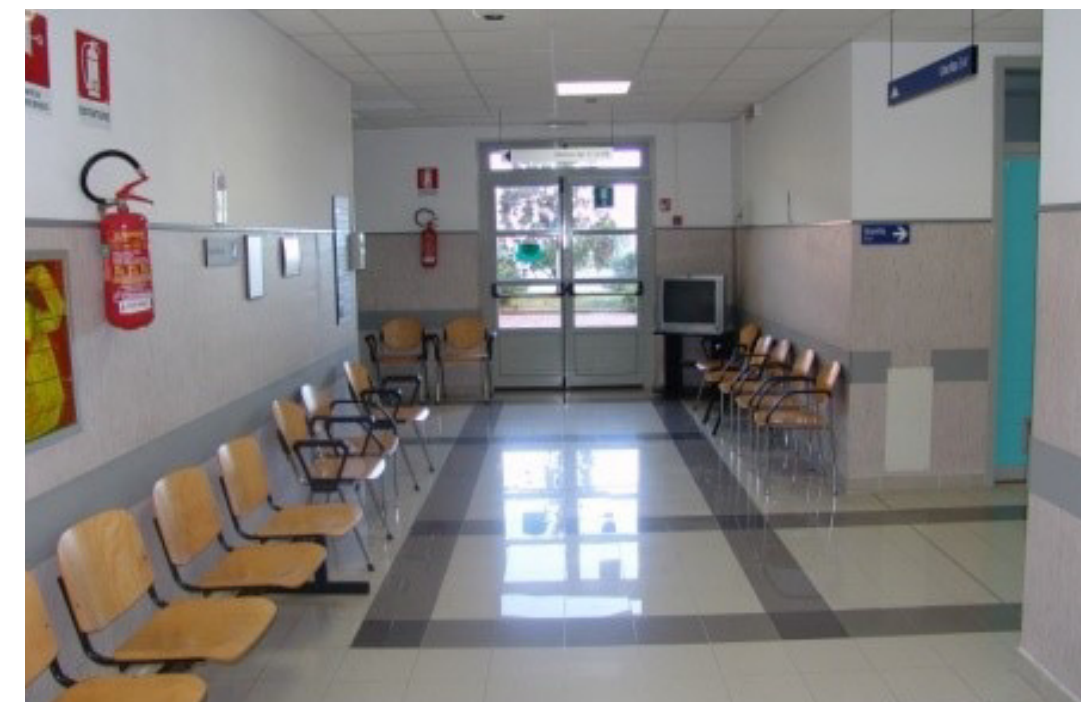


MANAGEMENT OF A LARGE LEG ULCER AND TRANS-METATARSAL AMPUTATION WOUND: A MULTIDISCIPLINARY APPROACH IN A VASCULAR OUTPATIENT CLINIC.

Loredana Altieri¹, Flavio Buttitta², Lorenzo Conte³, Marco Nuti³, Caterina Violo³

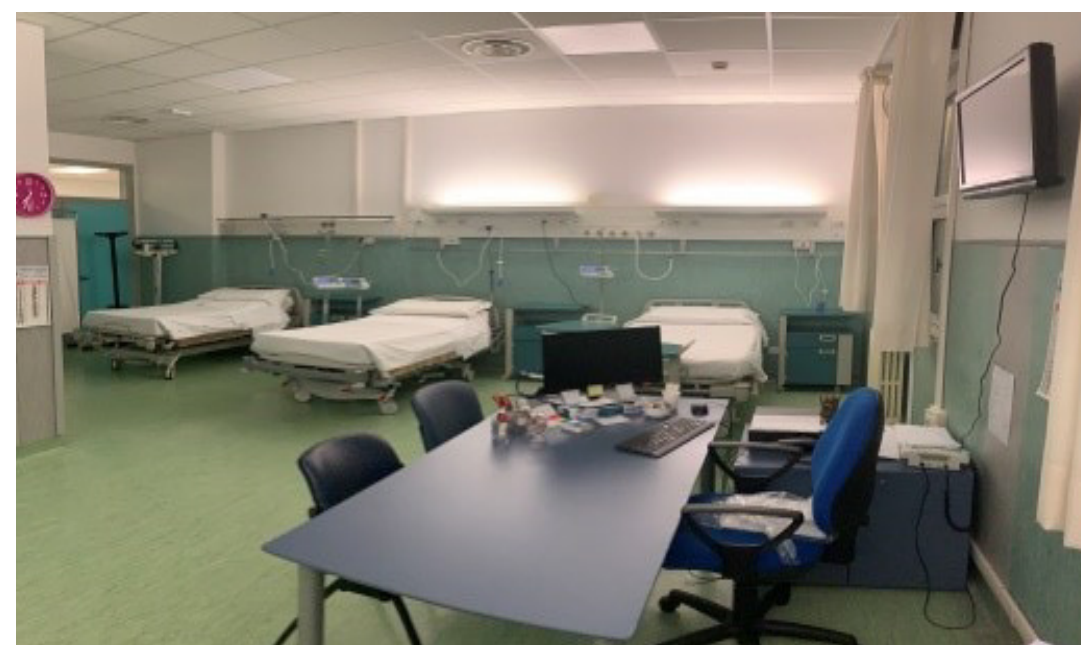
INTRODUCTION

Multidisciplinary approaches significantly enhance the management of DFUs by improving clinical outcomes and reducing complications⁴. Moreover, proper use of dressings can promote DFU healing, reduce the cost of treating DFU, and reduce patient suffering⁵.



CLINICAL CASE

The organizational model of the Departmental Section of Cardio Angiology is presented, as well as the diagnostic-therapeutic path of a patient, to share the therapeutic outcomes.



The Cardio-Angiology team is made up of Cardiologists with Angiological skills, Nurses, Nurses Specialists in Wound Care, Cardio-Circulatory Pathophysiology and Cardio-Vascular Perfusion Technicians, Social and Health Workers. It interfaces with Vascular Surgeons, Radiologists, Anesthesiologists, Analgesic Therapy Doctors, Infectious Disease Specialists, Diabetologists (Diabetic Foot), Dermatologists, Orthopedists, Podiatrists.

This multidisciplinary network makes it possible to refer the patient to the appropriate professional, completing the diagnostic framework and avoiding delays that could aggravate clinical conditions and increase healthcare costs. The diagnostic-therapeutic Day-Service activity is organized according to a patient-centric model, with the collaboration of all the necessary professionals. The patient is taken care of through the Day Service (rarely Day Hospital) or through Outpatient Care, depending on the therapeutic protocol set for the treatment of the wounds, with periodic follow-ups.

The clinical example concerns a 52-year-old man suffering from obesity, type II diabetes mellitus, arterial hypertension, dyslipidemia, smoker.

In January 2021, due to acute critical ischemia due to occlusion of the right superficial femoral artery, he underwent thromboendarterectomy, revascularization of the right superficial femoral artery, angioplasty of the leg vessels and fasciotomy of the anterior and postero-medial lodge of the leg.



Critical ischemia, documented with transcutaneous oximetry values of TcPO₂ 6.19 and TcPCO₂ 133 mmHg, required prostanoid therapy (21 sessions) associated with advanced dressing cycles with polyacrylate desloughing fibers and TLC-Ag and then TLC-NOSF healing matrix and hyperbaric therapy sessions.

Initially the local therapy was provided by a technology-lipido colloid polyabsorbent fibre pad dressing with silver (TLC-Ag). TLC-Ag enables the continuous debridement of slough and antimicrobial activity^{4,9,10}. The dressing was changed later to a polyabsorbent fibre pad dressing with TLC-NOSF to promote healing with a reduction of MMPS^{6,7,8}. In the pictures it is highlighted the progressive improvement of the wound bed thanks to the desloughing carried by the combined action of polyabsorbent fibre and TLC-Ag.

In April 2021, trans-metatarsal amputation and surgical reclamation of the foot (S.D. Diabetic Foot) were performed. The patient then continued medication at our Vascular Ulcer Clinic, healing after about 14 months. Monitoring of transcutaneous oximetry values in December 2022 documented good limb perfusion (TcPO₂ 59.5, and TcPCO₂ 50.6 mmHg), in the absence of trophic lesions.



To date, the patient continues follow-up at the Diabetic Foot Units and the Cardioangioly Unit.

CONCLUSION

A multidisciplinary evidence-based approach was key to heal this challenging case. The combination of vascular management and local wound management provided the basis to heal this wound and avoid a major amputation. Cutaneous vascular lesions, especially those secondary to arterial disease of the lower limbs in the critical ischemia phase, require a multidisciplinary diagnostic-therapeutic pathway at a Specialized Center. The organizational model of the Departmental Section of Cardio Angiology represents an attempt to give a valid response to the needs of patients with these pathologies.

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