

The use of Algivon® and Actilite® in the treatment of ischaemic ulceration of the foot

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This 45 year old man with type 2 diabetes, presented with two ischaemic ulcers; one on the lateral aspect of his left heel and one on the medial aspect of his right heel.

Introduction

The patient had a history of intermittent claudication and was treated with a femoral angioplasty to the right leg 2 months prior to attending the department. He had a long standing ulcer on the inside of his right heel, although the patient was not aware of any ulceration on his left heel.

Podiatric assessment showed no presence of sensory neuropathy with monofilament testing, however the skin was extremely dry suggesting some degree of autonomic neuropathy. Only the dorsalis pedis pulses were detected with the Doppler on both feet. The patient was attending the vascular department at the time of his referral to us by the diabetes specialist nurse. The patient is a heavy smoker (>20 per day) and has been type 2 diabetic for 20 years.

On the patients initial visit there was dry adhered slough in both wounds as well as dirt and debris. There was extensive ulceration on the left heel (fig: 1), the extent of which was revealed following sharp debridement (fig: 2).

Method

Algivon® was chosen initially in order to promote autolytic debridement and prepare the wound beds for effective healing. The Algivon® was used along with a secondary foam dressing and changed every 2 days. After a week both wounds looked cleaner with less slough in their bases (fig: 3 & 4).

Following on from this, Actilite® was chosen as the primary dressing for it's anti-bacterial properties and in order to maintain a moist wound healing environment. Actilite® was easy to apply and stayed in place without directly disturbing the wound bed. The patient was given Actilite® and foam dressings to change himself every 2 days. The patient was reviewed once a week in the clinic.

As the issue with these wounds is ischaemia, they have been generally slow to heal, however after 7 weeks both wounds had improved significantly (fig: 5 & 6) having decreased in size and depth. Areas of epithelialisation were present in both.

Results

Eight weeks after beginning the use of Actilite® the smaller ulcer on the right foot had completely healed (fig: 7) and the left had dramatically reduced in size since it's initial presentation (fig: 8). At present the left heel is continuing to improve with Actilite® still the dressing of choice.

Together with regular monitoring and debridement of these wounds, Actilite® made the perfect choice in maintaining the right environment, for these slow healing ischaemic ulcers.



fig. 1



fig. 2



fig. 3

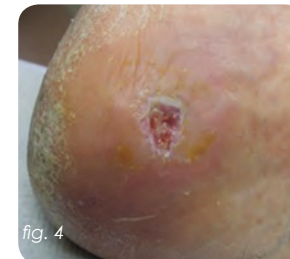


fig. 4



fig. 5



fig. 6



fig. 7

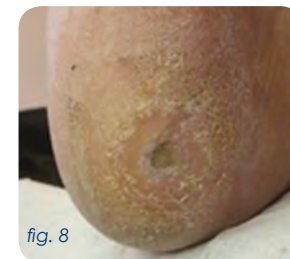


fig. 8