# A Case Series for Management of Complicated Diabetic Foot Wounds Tracy L. Basso, DPM, FACFAS, FAENS<sup>1</sup> <sup>1</sup>California Foot and Ankle Centers

## Introduction

It is well documented that diabetic foot ulcers are a complication that impacts healthcare systems and patient quality of life. Even more problematic are patients with significant co-morbidities. Standard of Care treatments are often inadequate, necessitating advanced wound care products like human placental membranes. We present here a series of three complicated patients with difficult-to-heal diabetic foot placental Human ulcers. membrane which was retentionprocessed (RE-AC) had a profound effect on these patients.

# Results

The application of RE-AC proved be very effective in the treatment of these patients. The patients demonstrated clinical improvement with within one to two applications of the skin substitute. Two patients went on to complete closure. Even in the most challenging cases, the use of this RE-AC, as a wound covering, offers significant improvement in the timeline to closure, which reduces the risk for limb threatening infection, and allowing the patient to return to a more normal lifestyle. This translates to reduced treatment costs, and optimized resource utilization in a healthcare setting.

# Case One

A diabetic patient with a previous 5<sup>th</sup> partial ray amputation presenting with macerated, undermined ulcers of the foot. RE-AC (AW2) was applied to these wounds every 7 days.









Application was followed by reduction in wound size, which showed obvious reversal when Tx was missed or discontinued.









# Case Two

A diabetic patient with Charcot arthropathy. The patient had osteomyelitis of the foot, cellulitis and probing to the bone. RE-AC (AW2) was applied to these wounds every 7 days.



Application was followed by reduction in wound size and, importantly, wound depth. This patient experienced significant issues with adjacent wounds.

# Case Three

A diabetic patient with multiple amputations who developed necrosis on the right foot down to the bone. RE-AC (AW2) was applied to these wounds every 7 days.



Application was followed by reduction in wound size and undermining was obviously reduced, resulting in complete closure, which was maintained.

