AUSTRALIAN WOUND & SKIN ALLIANCE

Summer SCHOOL 2025

A residential learning experience

14-15 February 2025

Novotel Geelong, Victoria

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Clinical Case Study

Inflammation

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Referral information

- 81-year-old male
- Chronic lateral lower leg wound for 3+ years
- Painful+ requiring multiple, regular pain medications
- Dorsal right foot wound and anterior right lower leg wound for aprx 6 months
- Unable to recall injury preceding wound “they just appeared”
- MRSA on wound swab and NAD on wound biopsy

Treatment to date:

- Routine wound reviews 3x per week at GP Clinic
- Several short courses of antibiotics; suffered side effects to many of these

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Medical History

History of PAD; revascularized June 2022 (right femoral angiogram + popliteal recanalization)
Asthma
Hypertension
GORD
Asbestosis
Anxiety/Depression
Ulcerative Colitis
Duodenal ulcer surgery
Polypharmacy+

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Initial Assessment

Social history:
Past smoker – “smoked as much as I could get in to me”
Independent with all ADL’s, drives
Lives with wife

Vascular assessment:
DP monophasic, TP biphasic bilaterally
Absolute toe pressures: R 60mmHg; L 100mmHg
Multiple telangiectasia, swelling of the right lower leg

Reviewed by Dietician: History of unintentional loss of weight; within a year his weight was as low as 50kg; now sitting at 62kg.

Patients goal: “To heal the wound and shower without needing to cover my leg”

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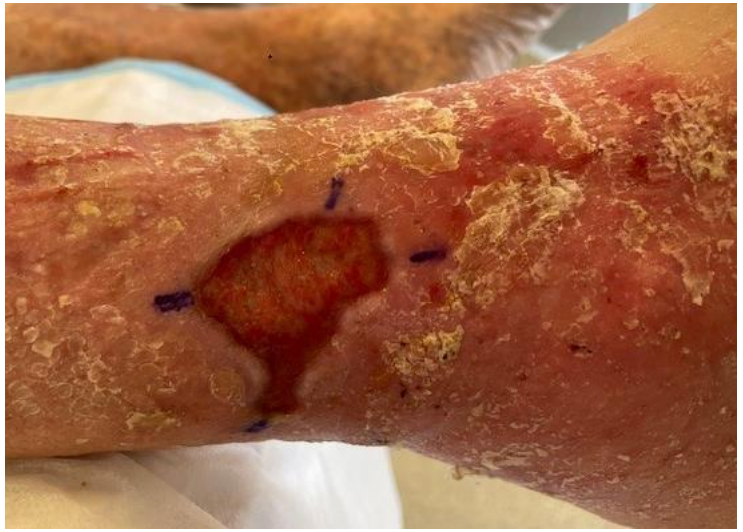
Wound assessment

Wound 1: Right Lateral lower leg

Local inflammation to right lower leg and foot (Right limb is 3-4 degrees greater than left limb)
Well-defined irregular border with violet-like coloured edges that are irregular and indurated
Dark red granulation with fibrinous slough
Moderate exudate
Wound bed measures 36mm x 42mm
Significant xeroderma to the periwound area



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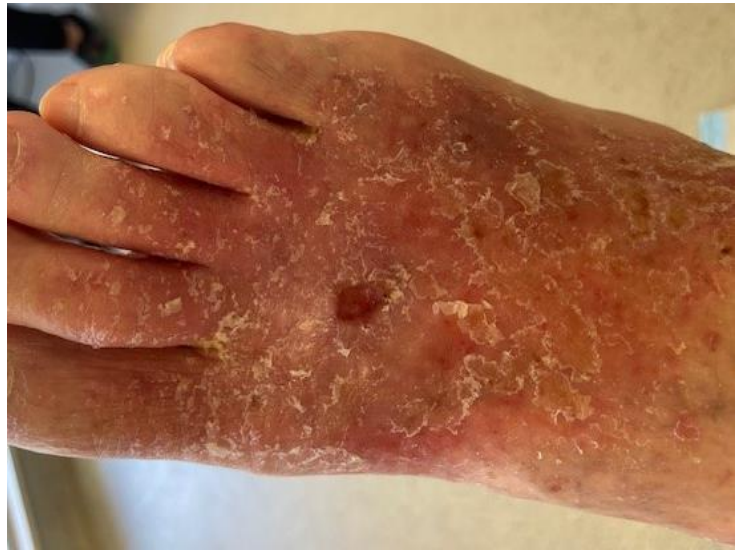
Wound 2

Right dorsal foot
Granulating wound bed, regular punched out edges, Xeroderma to periwound area
Dressing: Foam

Off-loading: Adjustable Velcro sandals that accommodate bulk of dressing



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Physician Input

Flagged atypical wound appearance with HRFC Physician, resulting in thorough medical history review
- Chronic, painful wounds
- Ulcerative colitis; quiescent at the time using a super maximal dose of Mezavant (anti-inflammatory drug)

Differential diagnosis ……..

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Pyoderma Gangrenosum

Pyoderma gangrenosum (PG) is an aseptic inflammatory neutrophilic dermatosis associated with painful ulcers and violaceous borders. Although a portion of cases are thought to be idiopathic, PG can be associated with many inflammatory diseases, most notably inflammatory bowel disease (IBD).
(Gholam, 2019).

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Management

Commenced prednisolone (50mg daily)

Wound care: Alginate primary dressing, absorptive pad, zinc bandage (patient declining tubigrip – too painful)

Education: Pathergy avoidance; skin integrity

Reduced polypharmacy:
Ceased Frusemide – currently no indication and current dose subtherapeutic
Mezavant – reduced to 2.4mg as a maintenance dose
Goal to wean off Tapendatol next

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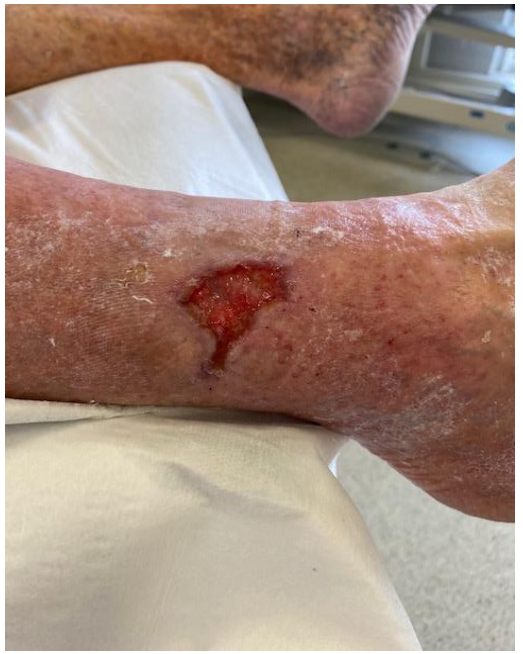
Second HRFC review appointment

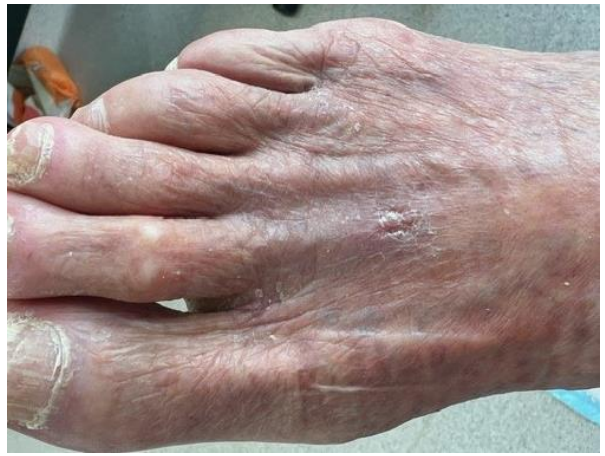
3 weeks later

Wound 1: Wound margins 27mm x 26mm; significant reduction in local inflammation

Wound 2: Epithelialising
Reviewed path – U&E appropriate
Further Prednisolone provided; continue with 50mg daily for 1 week, then 40mg daily for 4 weeks

Nutrition summary: Appetite has been good last few weeks; oral intake adequate to support weight gain. Has gained aprx 2 kg.





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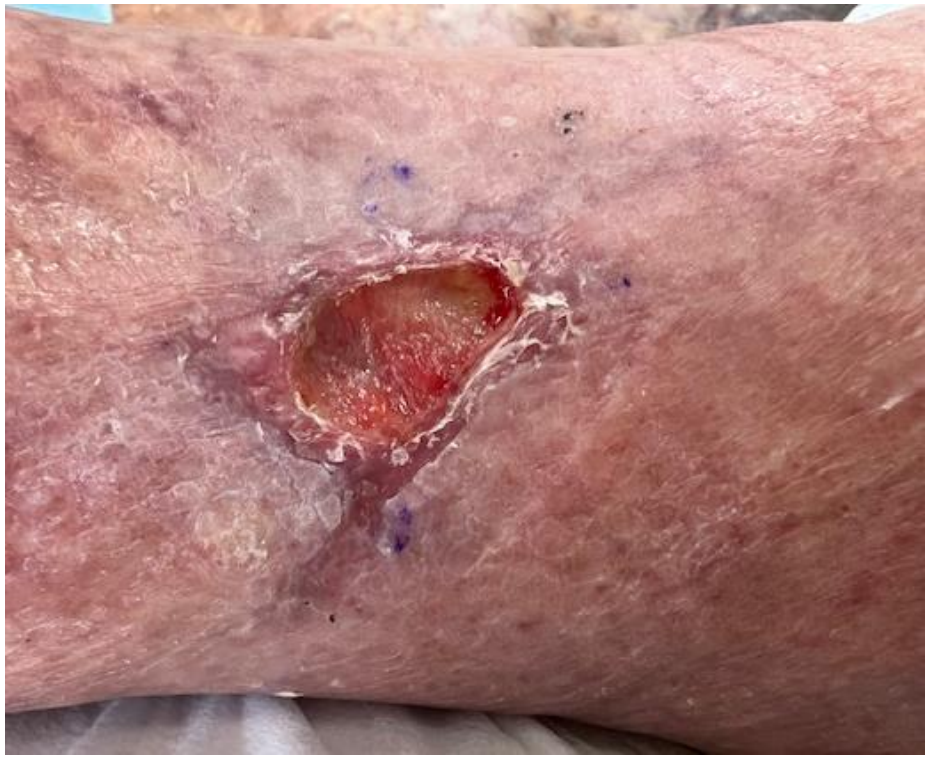
Third HRFC review appointment

7 weeks following initial appointment

“Very happy with how things are going”
Wound 1: Wound margins 16mm x 10mm; significant reduction in local inflammation

Reviewed pathology Provided script for Mycophenolate (immunosuppressant) to assist with maintaining wound healing while reducing pred dose monthly by 5mg, then keeping him on 5mg dose in addition to Mycophenolate
Created plan for weaning of pain medications

Nutrition summary: Appetite remains good. Steady weight. Referred to local Community Dietician to ensure ongoing adequate intake during prednisolone weaning process.



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Final phone review

11 weeks following initial HRFC appointment

July 2024
Patient reports the wound continues to improve at each visit
“Couldn’t be happier about it”

Discharged from HRFC for further wound care at GP Clinic

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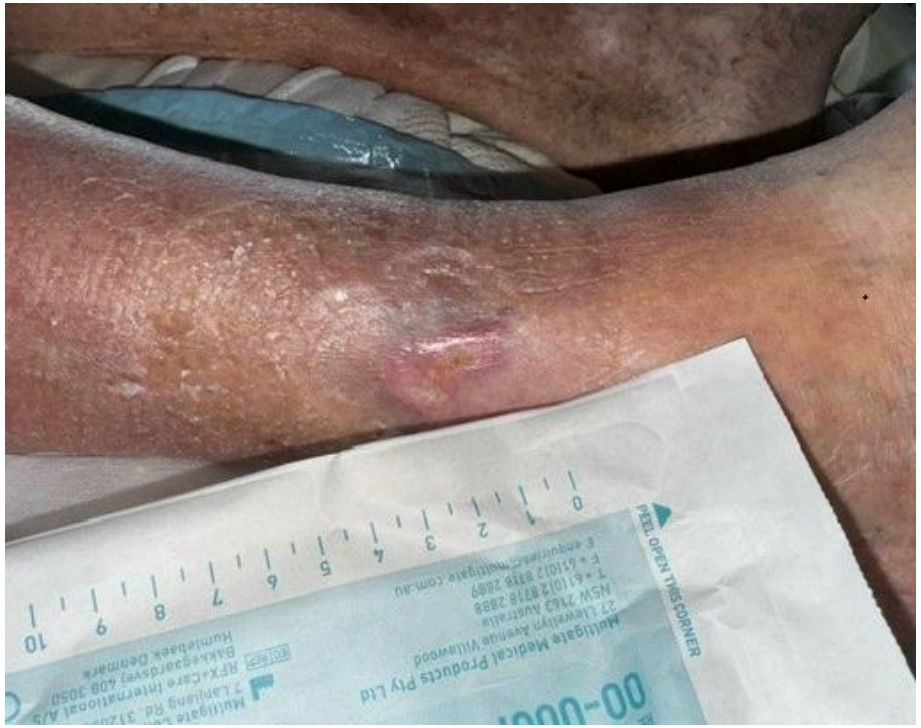
Wound photo

4 months following initial HRFC appointment

Admitted to hospital (unrelated to the foot/limb)
Reviewed by acute Podiatrist – protective foam dressings only at this stage



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Take home message

Importance of multidisciplinary input

‘Think outside the square’ and re-assess, modify the management plan early if it is not responding as expected and the need to refer for a second opinion early.

How long would/should you wait until modifying a management plan if it is not responding as expected?

Importance of complex case reviews and sharing experiences provides the opportunity to learn and the ability to recognise similar features on future presentations, resulting in improved outcomes.

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