

AUSTRALIAN WOUND & SKIN ALLIANCE

*Summer* **20**  
**SCHOOL 25**

*A residential learning experience*

**14-15 February 2025**

Novotel Geelong, Victoria



[www.AWSAlliance.au](http://www.AWSAlliance.au)

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Novotel Geelong, VIC

## Dermatology Case Study

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**Jaymie Hughan**

**Podiatrist**

**Northern Health**

## Background & Purpose:

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- Complex diagnostic dilemma
- Chronic wound of unknown aetiology
- Initially thought to be an ischaemic diabetes related foot ulcer
- Hx of T2DM & PAD lending to this



## Case Study: Joe Jonas

- Works in finance
- 61 years old
- Male
- Married
- Medical Hx: T2DM, Active smoker (20 – 30 per day initially, now down to 2), Wound to finger in 2022 which resolved following surgical washout and debridement x3 (described as infected diabetic ulcer)
- Medications: Linagliptin, Metformin, Glicazide
- Presentation: L/foot: Open necrotic wound



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Timeline:



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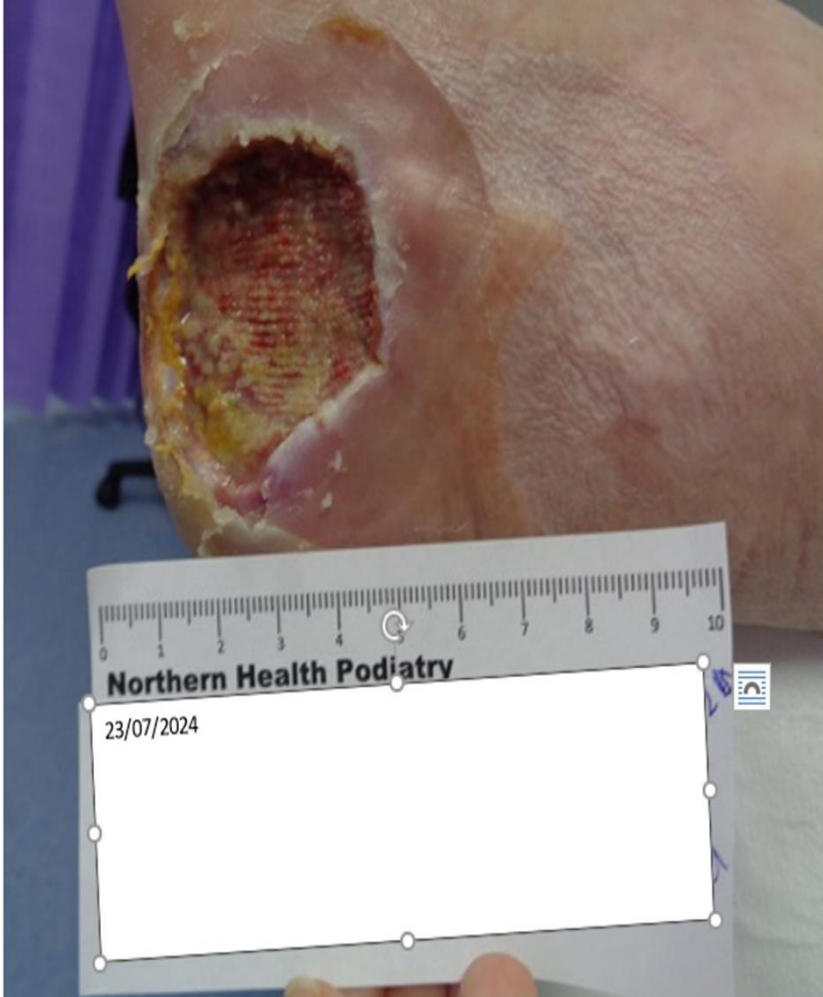
## Histopathology results:

Whilst the histological features are not classic of pyoderma gangrenosum, the histological changes in pyoderma gangrenosum are generally non specific, and this requires clinical correlation



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## Panel Questions:

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- Could the diagnosis of Livedoid Vasculopathy have been reached earlier?
- Were there signs or symptoms that were missed?
- Were Medical Hx of T2DM and PAD symptoms blinding even though ulcer presentation was atypical?



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# Thank You

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