

CHRONIC VENOUS STASIS WOUND CASE STUDY

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PATIENT PROFILE

54-year-old male with a history of hypertension, hyperlipidemia, chronic kidney disease, increased body mass index, obstructive sleep apnea, asthma, MRSA infection, venous insufficiency, neuropathy, muscle weakness and gait instability.

WOUND PRESENTATION

The patient reported having a chronic left lower extremity ulcer for the past two years. The wound had been approximately the same size with mild increases and decreases in size and was not healing. Previous treatment was Silvadene, calcium alginate and ACE wraps. The patient was not taking Lasix or any other diuretic.

TREATMENT

The wound was cleansed with normal saline before applying HYCOL™ Hydrolyzed Collagen Gel. The gel was applied once daily and covered with a non-adherent dressing. In addition, ACE wraps were used in the morning and leg elevation at night.

RESULTS

Complete resolution of the chronic venous stasis wound in three weeks.



Day 1
Wound size = 5.5 cm x 2 cm x 0.6 cm
Wound status: 90% granulation, 10% fibrin/slough
Moderate serous exudate and periwound had xerosis and no edema, erythema or warmth.



Day 7
Wound size = 3.5 cm x 1 cm x 0.5 cm
Wound status: 100% granulation
Small to moderate serous exudate and periwound had xerosis and no edema, erythema or warmth.



Day 14
Wound size = 3 cm x 1 cm x 0.4 cm
Wound status: 100% granulation
Small to moderate exudate and the periwound had xerosis and no edema, erythema or warmth.



Day 21
Wound status: The wound resolved.
Recommended the patient apply barrier cream daily and continue ACE compression wraps.

