SURGICAL AND CONSERVATIVE TREATMENT OF CHRONIC TROPHIC ULCERS OF THE LOWER LIMBS.

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• Initial aspect of a large venous ulcer in a 58 year old male patient; this lesion was neglected for a very long period (over 15 years). The extensive wound has been treated by different “methods”, such as antibiotics, ointments and other local procedures.
• The neglected wound has been debrided by LIGASANO PUR-foam dressings; one can see the enormous absorptive power of such dressings, which can drain a huge quantity of secretions, debris and septic exudate from the wound surface.
Several weeks after such PUR-foam dressings (usually 6-12 weeks, depending on the wound dimensions and patient’s personal response to this treatment), which are changed every 3 to 7 days (depending on the amount of exudate and the aspect of the wound bed) in the office, a very good granulation is obtained and the patient is admitted in the hospital for surgery.
• A meshed STSG (split-thickness-skin graft) is then applied on the granular bed and sutured by a 3/0-4/0 monofilament suture.
One week later, the STSG from the previous image, shows a complete “take”.
Two years later, the graft is still in place, with no important relapses, excepting some small superficial ulcers (which occur during summer time especially); these small lesions are treated by the same LIGASANO PUR-foam dressings, changed every week, and covered by elastic bandages.
• Other very large neglected leg ulcer (over 20 years old), in a 67 year old female patient; the wound bed is cover with thick exudate and a yellow-grey fibrin deposit. The blue stains surrounding the ulcer are from the methylen blue that has been applied in the attempt to “sterilize” the wound (this historic method has been used in other hospital).
• **The same LiGASANO dressings have been applied and changed every day initially (due to the very abundant exudation of the wound); this is a very reliable method of passive debridement, as effective as the so called “bio-surgery” with maggots and that is why we named this dressings as “synthetic maggots”**.
Several weeks later, a very good granular bed has been obtain, ready to be grafted with a STSG.
A very good “take” of the graft can be seen about two weeks later. The postoperative result is always supported by the same PUR-foam dressings and by elastic bandages. This patient has no relapses in the last four years.
This 46 year old male patient has giant circumferential bilateral vasculitic leg ulcers due to Rainaud disease; one can see the deep necrotic wounds covered with exudate and abundant fibrin deposits.
Both legs have been wrapped with LIGASANO PUR-foam dressings, in order to obtain a rapid and good passive debridement.
• In the image of above, one can see the very good granular bed thus obtained; the foam dressings are impregnated by a great quantity of exudate. Granular tissue is rapidly growing, penetrating the “cells” of the foam dressing (from which is the red color of this).
The granular bed from the previous image is then grafted with STSG, sutured by interrupted monofilament sutures.
• **Final aspect two weeks after the operation showing a very good graft “take”. This patient unfortunately died one month later, by a very large bowel (mesenteric) infarction.**
• Very large neglected leg ulcers can be managed sometime with no surgery, on ambulatory basis, on behalf of PUR-foam dressings and elastic bandages. In the image from above, one can see a giant neglected venous leg ulcer in 56 year old male patient (suffering from venous insufficiency for over 15 years). The deep wound is surrounded by a circumferential lipodermatosclerosis.
Several weeks after passive debridement with the above mentioned dressings, the deep wound has shrunk very much, due to a very good “marginal epithelialization”.
Two months later the initial lesion is almost healed, only by LIGASANO PUR-foam dressings (changed every week) and elastic bandages.
Two years later, one can see there is no relapse, the ulcer has been replaced by a stable pink scar, contrasting with the brown area of lipodermatosclerosis. This patient continued to wear medical stockings and even elastic bandages during summer time especially.
• THANK YOU VERY MUCH FOR YOUR ATTENTION!