

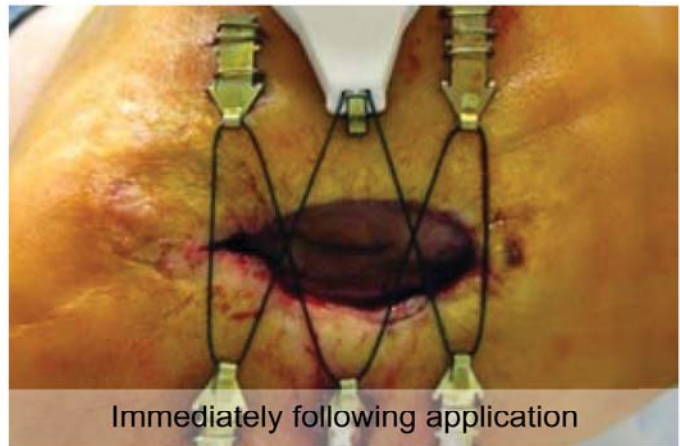
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This is a 48yo 430-pound diabetic male that sustained a left heel puncture wound from an unknown object while in New Orleans as a relief worker following Hurricane Katrina in August of 2005. States his lower extremities were submerged for days at a time while continuing with the relief work. This non-healing wound was subsequently complicated by typhoid osteomyelitis and preexisting valgus deformity of the ankle. The patient has seen multiple providers since then including wound care, general, vascular, orthopedic, and plastic surgery teams.

The patient has been treated with multiple modalities including wet-to-drys, various silver products, Regranex, Accuzyme, Panafil Green, VAC NPWT, multiple debridements, partial calcaneotomy, skin grafts, hyperbaric therapy, partial/non-weightbearing, CAM, CROW, Colorado Custom Brace, Roll-A-Bout, and multiple rounds of different antibiotics under the guidance of the Infectious Disease team. Wound cultures have ranged from normal flora, to typhoid, to MRSA, to VRE.



Chronic wound with 3 year history



Immediately following application

After revision of the partial calcaneotomy complicated by post-operative infection and dehiscence, the wound was allowed to close by secondary intention. After three years, the full-thickness ulcer had improved to 3.6cm x 2.9cm x 1.2 cm deep with a granular base and mildly

undermining hyperkeratotic rim with no signs of infection or ischemia. The DermaClose RC was applied. One week later the DermaClose was removed with 100% edge approximation. The skin edges were freshened and successfully closed without flap tension or suture ischemia.



After 7 days full approximation



Suture closed on day 7