Using Becaplermin and an Ovine Dermal Template (ODT) Dressing to Heal Chronic Diabetic Foot Ulcers. A Case Series



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Days

29

Introduction

Becaplermin PDGF has been widely used for the treatment of Diabetic Foot Ulcers (DFUs). (1) A new acelluar collagen ovine tissue product has been made available as a dressing that can be ordered for patients for use on day one which when coupled with Becaplermin provides a potent stimulus to wound healing. (4,5) The increased availability and cost effectiveness of the products in combination may allow the clinicians to heal wounds faster. Products that can be initiated on an initial visit without the burden of insurance verification, a 4 week waiting period or denials often seen with tissue supplement products make this a valuable treatment option. Advanced products that can be used before and after restrictions placed on cell-based tissue products (CTPs) are a valuable addition to our healing choices.

Case 1 0.8 x 0.8 x 0.1 cm Wound Closure 4/14/2015 6/3/2015



and all ulcers healed within 11 weeks. Average rate of wound closure for the patients was 0.0297 cm2/days. Conclusion

exception of case 4 which showed 0.06cm2 area opening on

day 175. The average rate of wound closure was 9% per week

Results

Area Before Area After

0.0cm2

0.06cm2

0.0cm2

All the patients had 100% closure of their DFUs with

0.8cm2

6.67cm2

3.0cm2

Rate of Closure

0.01254 cm2/days

0.01153 cm2/days

0.02758 cm2/days

0.03811 cm2/days

0.05882 cm2/days

Using Ovine Dermal template dressings in combination with Becaplermin gel has become a standard therapy at our institution for non healing DFUs prior to the initiation of CTP tissue supplements. Becaplermin and ODT can be prescribed or ordered on day one in difficult to heal patients or reserved for use after standard therapy has failed.

Methods

Five diabetic patients seen at the foot and ankle institute with recalcitrant plantar ulcers were identified in the system and their charts reviewed. All patients had unresponsive DFUs who were started on Becaplermin and Ovine dermal template dressings in order to improve healing. Patient's DFU's were unresponsive to various off-loading devices and had not shown improvement with use of advanced wound care products such as topical antimicrobials, antiseptic impregnated foams, silver alginates, cadexomer iodine, etc. Photographs were analyzed along with chart records for wound area and volume during the course of their treatment. Rates of closure and time to healing were noted for each patient.

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