EXTRACELLULAR MATRIX TECHNOLOGY AS AN ADJUNCT TO PREVENT LIMB AMPUTATION IN THE DIABETIC FOOT ULCER (DFU) POPULATION

Te Toka Tumai

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~250,000 **New Zealanders** with T2DM

19-34% Affected by a DFU

~600 **Annual T2DM** related amputations in NZ

anced ECM# shown to reduce the time close DFU by up to ~5 weeks1



Complex DFU evaluated

2-10 week **Treatment period**

Results and Conclusion

- All DFU responded well to treatment with advanced ECM
- Increased in granulation tissue, epithelialization and wound closure
- Advanced ECM was easy to use as part of SoC and may be considered for limb preservation in DFU

ABLE 1. PA	TIENT DEMOGRAPHICS AND	OUTCOMES				
Patient Age/Gender	Co-morbidities/ Challenges	Wound Age (Months)	Wound dimensions	Location	Weeks of treatment	
(case #1)	T2DM HbA1c=65; PVD; HTN; ESRF; Exposed B/T Prior left foot amputation	6 weeks	8 x 6 cm	Left lateral calcaneous	8 weeks	Wound size reduction; granulation tissue increase, depth reduced and bone coverage; epithelialization Treatment halted due to undiagnosed osteomyelitis
	T2DM HbA1c=126; Right foot lateral trauma resulting in cellulitis	2 weeks	6 x 3 cm	Forefoot – lateral	10 weeks	Wound size reduction; granulation tissue increase; epithelialization <u>Closed at 10 weeks</u>
(Case #2)	T2DM HbA1c=57; ESRF; AF; HTN; Dyslipidaemia Peripheral neuropathy	1 day	5.5 x 2.5 cm	Forefoot - post TMA		Wound size reduction; granulation tissue increase Week $10 = 4 \times 0.6$ cm $\times 1$ cm
	T2DM HbA1c=78; PVD; HTN; Exposed Joint	4 weeks	4 cm x 3 cm	Forefoot - MTP		Wound size reduction; granulation tissue increase; epithelialization Week 6 = 3 x 2.2 cm
Case #3)	T2DM HbA1c = 43; PVD; Osteomyelitis; HTN 3rd/4th toe amputation	,-	8.5 x 0.5 cm (Plantar) 10 x 4.5 cm (Dorsum)	Forefoot	3 weeks	Wound size reduction (depth) and granular bed SGG (dorsal wound) placed at 19 days, with >75% SGG take at 7 days. Healed at week 15.
	T2DM HbA1c = 67; ESRF; Peripheral Neuropathy; CABG; PVD; HTN	6 weeks	5 x 4 cm	Calcaneous	10 days	Wound size reduction; granulation tissue increase, depth reduced and bone coverage; epithelialization Treatment halted due to arterial occlusion
(Case #4)	T2DM - HbA1c = 50; ESRF; PVD; Hypertension Myeloma; Prior TMA	1 week	5 x 3.5 cm	Forefoot - lateral	9 weeks	Wound reducing in size; granulation tissue; epithelialization Almost healed at 16 weeks

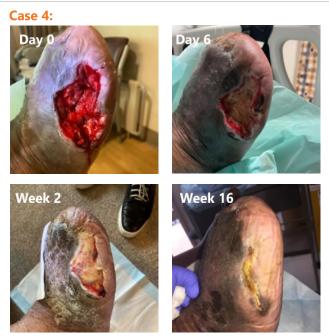












REFERENCES AND DISCLOSURES