THE USE OF FLAMINAL® ON A NEUROPATHIC FOOT ULCER OF A PANCREAS-KIDNEY TRANSPLANT

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Introduction

Flaminal® (Flen Pharma) is a hydro-active alginate gel dressing that manages exudate and restores the microbial balance in wounds[1]. It has a unique naturally occurring enzyme system that specifically targets bacterial cells, leaving human cells unharmed. This poster presentation will describe a case study of a patient who underwent a pancreas-kidney transplant who presented with a severely burnt foot causing a large neuropathic ulceration on her left heel.

The Patient

Miss F was diagnosed with type 1 diabetes in 1979, and as a result of her diabetes she developed peripheral neuropathy. Unfortunately, in 2000 she had a below knee amputation of her right leg as a result of a combination of Charcot neuroarthropathy and infection. She later suffered from renal failure, and in 2005 underwent a pancreas-kidney transplant. Following the transplant she no longer needed to administer insulin and her HbA1c remained within normal limits. As part of her ongoing medical management she takes daily lifelong immunosuppressive drugs and, therefore, remains vulnerable to common infections. Side effects of immunosuppressive drugs include hypertension, poor renal function, osteoporosis, weight gain, diabetes and recurrent urinary tract infections. Miss F requires prophylactic antibiotics as she developed repeated urinary tract infections post transplant.

The wound

Whilst on holiday, Miss F severely burnt the posterior aspect of her left heel on a hot water pipe and developed a neuropathic foot ulcer.
On presentation the wound measured 40mm x 30mm in size, it was necrotic with surrounding cellulitis.
After liaising with the transplant team they agreed to a short course of low dose antibiotics.

Ulcer Management with Flaminal®

Flaminal® was applied to the foot ulcer every two days, with Miss F performing her own dressing changes in between visits. During the first week she was reviewed twice and then weekly until the ulcer had healed.

4 days later

Cellulitis had settled and exudate levels reduced. Patient found dressing easy to apply.

14 weeks

Wound measured 25mm x 25mm. All necrotic tissue removed, wound clean and granulating.

18 weeks

Wound measured 10mm x 8mm, clean and granulating.

21 weeks

The ulcer healed with no recurrence of infection.

Discussion

Despite no longer having ‘diabetes’, the patient was left with neuropathy, one of the most devastating complications of diabetes, which combined with her immunosuppressive treatment resulted in increasing her vulnerability to ulceration and infection. Normally patients with infection would be given a higher dose of antibiotics for several weeks but, due to the patient’s transplant, this was not appropriate. Instead, we had to consider alternative methods of addressing the infection and preventing a recurrence of cellulitis. Flaminal® was successful in reducing bacterial load and exudate levels and the ulcer remained infection free to healing.

Conclusions

- Flaminal® offered an alternative method of controlling bacterial load in this transplant patient in whom the use of systemic antibiotics could only be used with extreme caution.
- The patient found Flaminal® to be easy to apply.
- Whilst using Flaminal® no further infection occurred promoting successful healing of the ulcer.

Reference

1. White R. Flaminal - a novel approach to wound bioburden control. Wounds UK 2006; 2(3):64-69.

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