

# MANAGEMENT OF NEUROPATHIC AND NEURO-VASCULAR DIABETIC FOOT ULCERS: CASE REPORTS

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Abstract presented at:  
10<sup>th</sup> Conference of the European Wound Management Association  
ADVANCES IN WOUND MANAGEMENT  
18-20 May, 2000  
Stockholm, Sweden

Purpose: Foot ulcers are life-threatening conditions for diabetic patients because of high risk of infection and possible amputation. Optimally controlled skin environment is needed for successful healing. We used a highly glycerinated bacteriostatic hydrogel (HGBH) to assess efficacy and healing time on both acute and chronic neuropathic and neuro-vascular diabetic foot wounds (see also C. Comelli, A. Agostini, M. Merlin. 10<sup>th</sup> EWMA conference Abstract).

Method: First week: following surgical debridement, sterile saline washing and HGBH application every 48 hours. Second week up to complete wound closure: HGBH change every 5 days. The HGBH treated group (n = 6) was compared with a standard-saline gauze treated group (n = 6) matched for sex, type of diabetes, and complications. Both groups wore orthotics and shoes for appropriate non-weight bearing.

Results: In both neuropathic and neuro-vascular ulcers, complete healing required 30-50% less time in the HGBH treated group, depending on the acute or chronic nature of wounds (20-120 days vs 40-180 days in standard treatment group). Moreover, no recurrence has been observed in a six month follow-up of HGBH treated patients.

Conclusions: The HGBH seems to be a valid support for both acute and chronic neuropathic and neuro-vascular diabetic foot ulcer healing. Additional larger numbers are needed.