

Case Study of a Patient with a Grade 2 Diabetic Foot Ulcer

Introduction

The patient is a 74 year old male paraplegic with history of Type I diabetes. Patient has undergone a 5th toe amputation due to chronic, non-healing ulcer that formed as a result of uric acid deposition and unsuccessful treatments. Patient's wound broke down and developed a new ulceration shortly after the surgery. The wound had visible muscle and tendon exposed and was classified as Wagner II. The wound (picture 1) was treated for 13 weeks with antibiotics, wound VAC, and hyperbaric oxygen therapy. No major improvements were observed and the surgeon has proposed below knee amputation to prevent the risk of sepsis and deterioration.



1 week after amputation



At 13 weeks of conventional treatment and the start of BerbereX treatment



6 weeks of BerbereX treatment



9 weeks of BerbereX treatment



12 weeks of BerbereX treatment



16 weeks of BerbereX treatment

Treatment

Subsequently, this patient underwent standard wound care with BerbereX[®] Wound Cleanser as the wound cleanser of choice. The wound was cleansed and saturated with BerbereX[®] prior to application of each new dressing. Epithelialization was noted at two weeks of treatment and continued to progress until complete healing of the ulceration was observed at 15 weeks of BerbereX[®] treatment. Consequently, BerbereX[®] treatment also provided an added emollient effect to the skin. The skin regained natural color and texture, and developed a normal appearance of relaxed skin tension lines (Langer's lines).