The Use of Topical Wound Oxygen (TWO2) for the Treatment of an Ischemic, Dehisced Open Partial 4th Ray Amputation with elevated CRPH Levels and Kidney Disease

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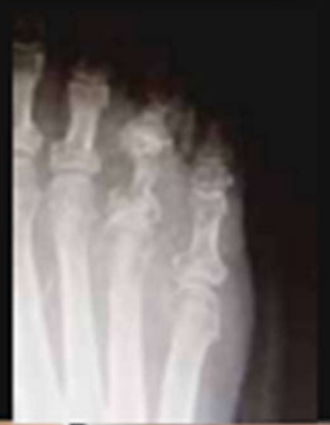
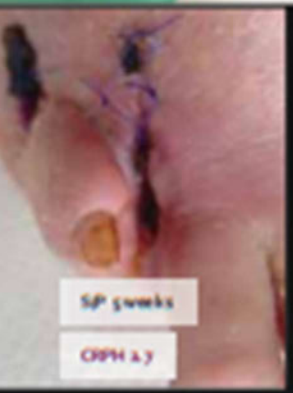
This is a case of a 77 yr/o male with a hx of DM, CHF, CKD, HTN, PAD and PVD who underwent a Partial 4th Ray Amputation secondary to Osteomyelitis and wet Gangrene. A collaborative effort was established with Infectious Disease for chronic infection.

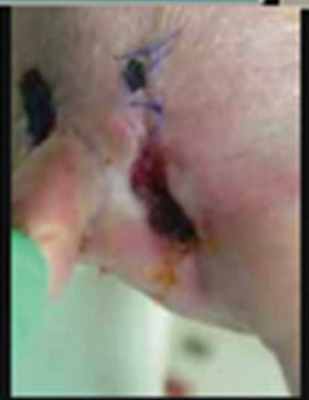
ABIs: Right and Left: Non –compressible (N/C)
TBIs: Right and Left: Non-compressible (N/C)
Admission: UT Grade IVD, WBC 17, Sed Rate 100
C-Reactive Protein (CRPH) 9,787, DVT prophylaxis

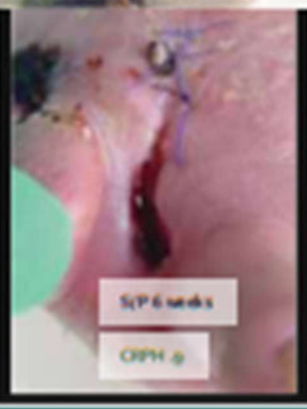
CULTURES: P. Aeruginosa, C Braakii mod growth
Proximal Margin: Permanent Specimen Clean

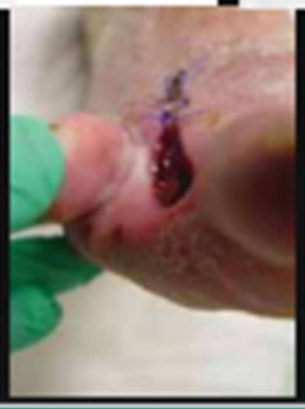
Treatment: S/P day 4 D/C, WBC 6.4, CRPH 4.2
Antibiotics: Cipro 500 mgs qd/ Amoxacillin 250 bid
(Renally dosed for 1 week: Stage III Kidney Disease)





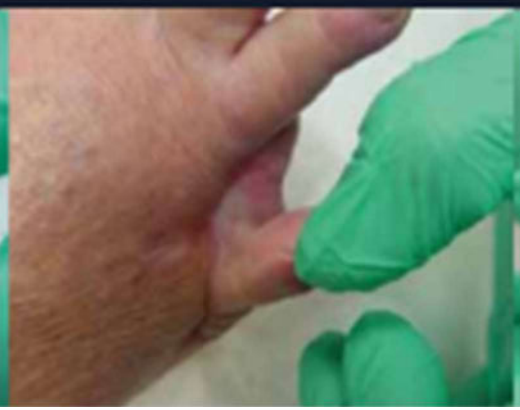


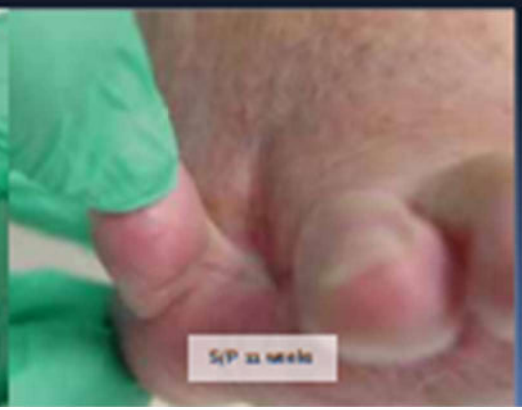




METHODOLOGY: The Open Wound still probed deeply to bone (UT Grade IV D) s/p 3 weeks with ongoing concerns of an elevated CRPH of 3.5 and ischemia. Infectious Disease extended both oral antibiotics to 4 weeks and monitored the patient closely.

RESULTs: The CRPH level dropped to WNL at approximately week 6 and wound Conversion was attained to a UT Grade II A with full healing at week 9. Follow up X-rays and labs were unremarkable and the patients kidney function was still operable.





CONCLUSION: With the assistance of Infectious Disease as well as TWO2, the author was able to successfully heal the wound despite multiple comorbidities including CKD and a poor vascular spectrum. This case study demonstrates the effectiveness of not only TWO2, but also comanagement by a multi-service approach.