

CASE STUDY |

Clearance of infection, induction of granulation and epithelialization

Patient background and wound history

Patient was 57-year-old male, with history of NIDDM, suffering from ulcers in both feet, due to acute leukocytoclastic vasculitis, prior treatment included angiographic intervention with percutaneous opening of the superficial femoral artery. Despite treatment with high dose steroids, immunosuppressants and broad-spectrum antibiotics, the right foot worsened with necrosis, with infection spreading to involve the tendons and the plantar fascia.



Baseline

Treatment

The patient underwent surgery to debride the wound including 1st and 2nd ray amputation. Cultures taken at surgery yielded *Pseudomonas aeruginosa* resistant to quinolones and the patient was treated with Imipenem. Five days later the patient underwent trans-metatarsal amputation. Necrosis of the edges of the flap was seen few days following surgery. Bedside debridement was carried out. MedCu dressings were placed deep in the plantar-fascial part of the amputation wound, on the edges of it and on the ulcers. The dressings were replaced twice a week. No supplemental antibiotic was given.



2 Months Treatment

Clinical outcome

The foot condition improved gradually. The superficial semi-necrotic ulcer at the heel and lateral aspect of the foot showed gradual absorption of the necrotic tissue, granulation and epithelialization. The main amputation wound, with large area and volume and inner cavity of 6–7 cm, gradually filled with granulation tissue which seemed to affect the necrotic tissue with autolysis (self-debridement). New epithelium gradually covered the healing wounds. Microbial culture, taken from the necrotic tissue three months after cessation of antibiotic administration, did not yield *pseudomonas*, although normal non-pathogenic colonizing bacteria were identified.



5 Months Treatment

After 5 months of treatment with MedCu copper dressings, the medial and lateral wounds were closed. The main wound was partially closed and the rest of the wound was with pink to red granulation tissue.

NATURE + SCIENCE = BETTER WOUND CARE

THE POWER OF COPPER

MedCu's antimicrobial wound dressings harness the power of copper to set a new standard in wound care.

As a natural essential mineral for the human body, copper has been used for centuries to care for and treat wounds. Today, copper is at the forefront of a revolution in advanced wound care. MedCu is the first and only antimicrobial wound dressing impregnated with copper oxide microparticles to receive FDA clearance and CE Mark.

MedCu wound dressings offer protection against a broad spectrum of pathogens, including antimicrobial-resistant bacteria. The dressings are non-adherent, with no need to pre-wet, and can be cut to ensure optimal fit for patient comfort. With sustained antimicrobial action, the dressings have up to 7 day wear-time allowing for fewer changes and reduced clinician contact time.

MedCu allows clinicians to effectively and efficiently care for wounds towards complete healing.

Areas of Use

MedCu's wound dressings are easy to apply and remove, and are suitable for a wide variety of applications including:

- Diabetic Wounds
- Leg & Foot Ulcers
- Pressure Ulcers
- First and Second-Degree Burns
- Surgical Wounds



SKU	Size inches	Size cm	Absorption Weight/Weight	Adhesive Contour
2C-0506-01	2x2.4	5x6	750%	-
2C-1012-01	4x4.5	10x12	1000%	-
2C-1020-01	4x8	10x20	1000%	-
2C-2020-01	8x8	20x20	1000%	-
2C-0505-01a	4x4 Pad: 2.5x2.5	10x10 Pad: 5x5	750%	+
2C-1025-01a	4x10 Pad: 4x7.8	10x25 Pad: 5x20	750%	+
3C-1012-01	4x4.5	10x12	800%	-