Chronic wound:
Leg

Case study: Chronic leg wounds

Contributed by Mohit Sood, DO

Smith+Nephew

Collagenase SANTYL◊
Ointment 250 units/gram

Patient

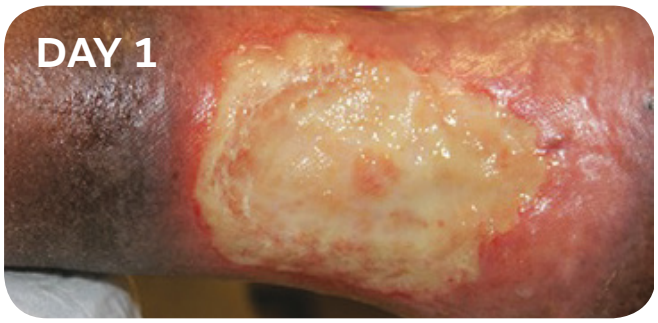
A 60-year-old female had chronic leg wounds for two years. She was non-compliant with a prior wound care center and was transferred for plastic surgery flap coverage. The patient's past medical history includes sickle cell disease with a baseline Hb6 and mild venous stasis disease. The patient takes deferasirox and naproxen.

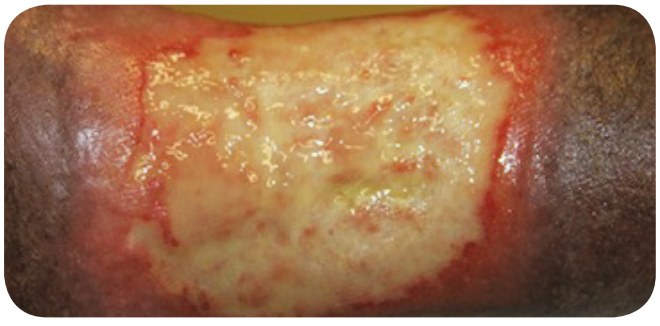
Wound presentation

The patient presented two distinct, heavily exudative wound ulcers; one on the right medial ankle and one on the right lateral distal ankle. There was no initial trauma of the leg reported and the ulcers were consistent with chronic sickle cell disease.

Treatment

There was no treatment for three months prior to the wound presentation outside of dressing changes. Once initiated, treatment included sharp debridement followed by SANTYL Ointment application with xeroform covering and compressive dressing changes once daily for 35 days.





- Right lateral ulcer measures 10.0cm x 8.0cm; 0.5cm depth
- Right medial ulcer measures 10.0cm x 10.0cm; 0.5cm depth
- No granulation tissue or gross infection; 100% slough noted
- MRI results negative for deep space collection or osteomyelitis
- Sharp debridement performed
- Daily SANTYL Ointment application with xeroform covering and compressive dressing changes initiated

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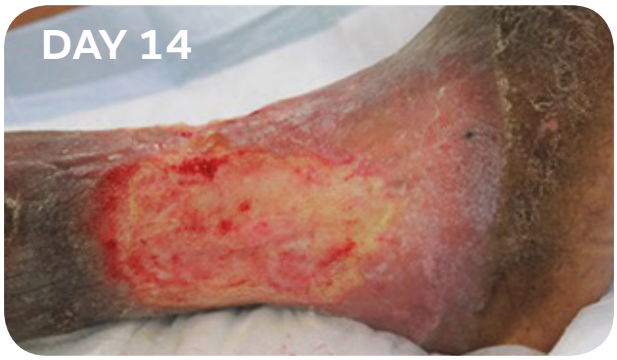
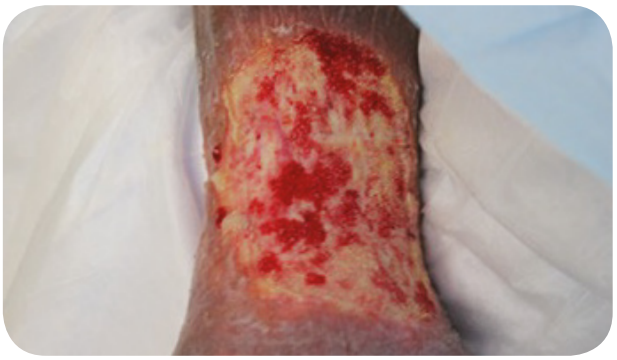
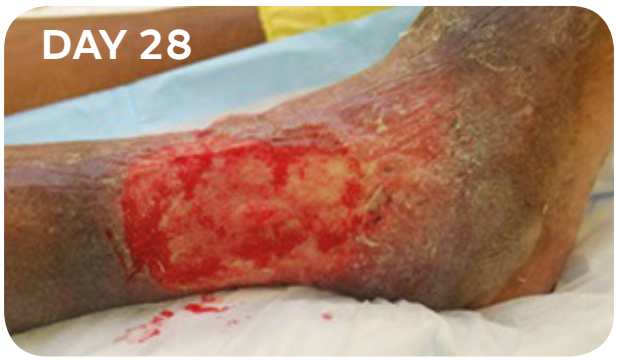
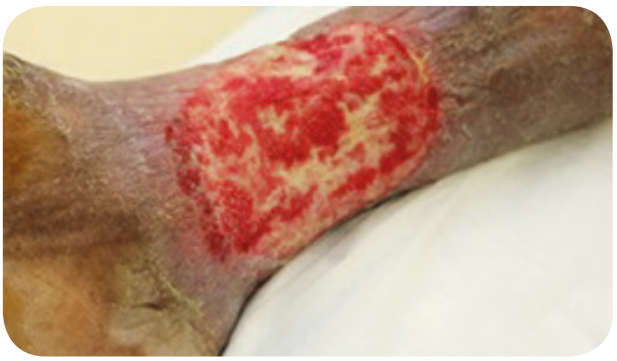
Treatment





- No change in wound dimensions from baseline
- Improvement in overall wound appearances; 20% granulation tissue throughout both wounds
- Ongoing serous drainage and slough noted on both wounds
- Decreased swelling in leg
- Sharp debridement performed
- Daily SANTY◊ Ointment application with xeroform covering and compressive dressing changes continued





- No change in wound dimensions from baseline
- Continued improvement noted; 80% granulation tissue present throughout both wounds
- No evidence of infection
- Sharp debridement performed
- Daily SANTYL Ointment application with xeroform covering and compressive dressing changes continued

Learn more

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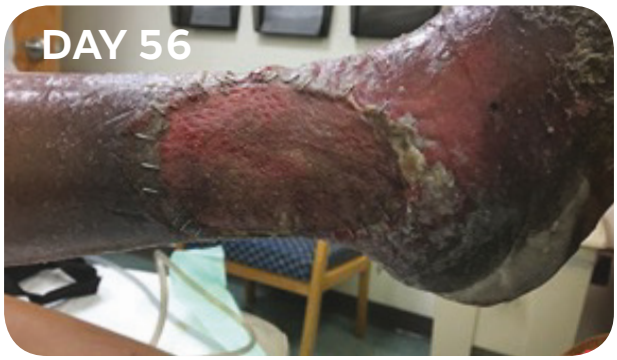
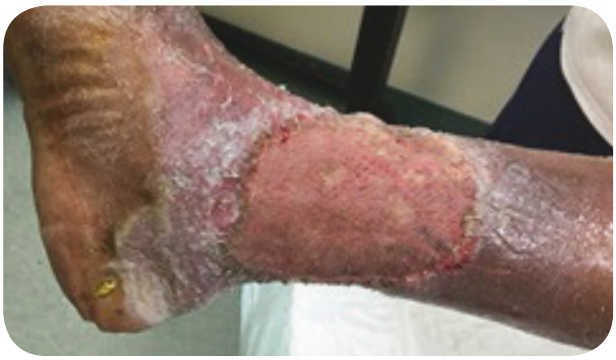
Treatment

DAY 35

- No photos available for day 35
- Continued improvement noted; 100% granulation
- Minimal slough
- SANTYL◊ Ointment discontinued
- Sharp debridement and split-thickness graft application with wound

V.A.C. dressing cover performed in operating room





Post-skin graft

- Wound V.A.C. dressing cover removed
- Graft healed to 100% re-epithelization
- Staples removed
- Moisturizer and ongoing compression prescribed
- Patient discharged to primary follow-up team

Results

Sharp debridements and daily application of SANTYL Ointment for 35 days resulted in fully debrided wounds with 100% granulation tissue present and ready for the skin graft. On Day 42 the wound reached 100% re-epithelization.

Individual results may vary.

Important Safety Information

Indications: Collagenase SANTYL Ointment ("SANTYL") is a prescription-only medication indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warning and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme's activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established. **Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. For complete prescribing information, please refer to the accompanying PI or visit: https://santyl.com/sites/default/files/2019-12/SANTYL-PI.pdf. You are encouraged to report negative side effects of prescription drugs to FDA. Visit MedWatch or call 1-800-FDA-1088.

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