

## ► Case Report

# Management of a Chronic Venous Leg Ulcer with Geistlich Derma-Gide®

### Patient Background

- > 66-year-old female
- > Obese
- > Presented with four venous leg ulcers
- > Experiencing dry, erythematous and fragile skin
- > Presence of edema
- > Lifestyle issues

### Case History

On initial assessment, the patient presented with four venous leg ulcers. The baseline index wound size measured 2.21 cm<sup>2</sup>. The patient suffered from multiple comorbidities. The ulcer resulted from minor trauma. The wound persisted for 2 months prior to the patient coming into my care.

### Case Summary by Thomas E. Serena, MD, FACS

Affecting more than two million Americans, Venous leg ulcers (VLUs) are the most common lower extremity ulceration. 70–80% of patients with hard to heal wounds suffer from VLUs. In addition to patient suffering, VLUs cost payers \$14.9 billion in the United States. VLUs are caused by a variety of factors including venous valvular incompetence and calf muscle pump dysfunction<sup>1</sup>. The resulting venous hypertension causes chronic tissue ischemia and skin breakdown. Despite standard of care, more than 50% of VLUs fail to heal at 3 months, and 20% are open at 2 years.

In this case report, the patient received four applications (Figures 1–4) of a Purified Reconstituted Bilayer Matrix (PRBM) (Geistlich Derma-Gide®, Geistlich Pharma). PRBM was used according to the Instructions for Use and after application #4, a scab developed (Figures 5 & 6). The scab was able to be removed with gentle cleansing of the ulceration area after five weeks (Figure 7). A border foam dressing was applied with no further applications of PRBM. The wound healed within one month (Figure 8). No infection or other adverse events were reported.



### Thomas E. Serena, MD, FACS

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 Dr. Thomas E. Serena is a vascular surgeon and Founder and Medical Director of The SerenaGroup®, a family of wound, hyperbaric and research companies. Dr. Serena has been the lead or Principal investigator in over 100 clinical trials, including gene therapy for critical limb ischemia, antimicrobial dressings, growth factors, topical and parenteral antibiotics, and CTP therapy. He is recognized internationally as an expert in the field of wound healing as he has more than 200 published papers and has given more than 1,000 invited lectures throughout the world.

“Geistlich Derma-Gide® supported the healing with these difficult chronic ulcers, and should be considered as an adjunct to the Standard of Care of non-healing VLUs.”

<sup>1</sup> Rice, J.B.; Desai, U.; Cummings, A.K.; Birnbaum, H.G.; Skornicki, M.; Parsons, N. Burden of venous leg ulcers in the United States. *J. Med. Econ.* 2014, 17, 347–356.

## Clinical Case Documentation

- > Patient shown to fully heal following four weekly applications of Geistlich Derma-Gide®.
- > The patient achieved wound closure fourteen weeks post initial Geistlich Derma-Gide® application.
- > No product related adverse events were observed.



**Day 0: Initial Application**  
Assessment of the wound (2.21 cm<sup>2</sup>) prior to the application of Geistlich Derma-Gide®.



**Day 7: Second Application**  
The skin around the wound area presents less erythema.



**Day 14: Third Application**  
Formation of granulation tissue two weeks following the initial Geistlich Derma-Gide® application.



**Day 21: Fourth Application**  
The patient presents a continuously healing wound. Geistlich Derma-Gide® was applied for the last time.



**Day 35: Follow-up Visit**  
Treatment continued with Zn-cream and collagen.



**Day 42: Follow-up Visit**  
Continued wound healing and treatment with Zn-cream and collagen.



**Day 63: Follow-up Visit**  
The scab was removed and had a 2.87 cm<sup>2</sup> ulceration depth underneath.



**Day 98: Confirmed Healing**  
The wound continued to heal after scab removal and confirmed as fully healed 5 weeks after scab removal.



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