

Flaminal in the Management of a leg ulcer resulting from Pyoderma Gangrenosum

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Introduction

Pyoderma Gangrenosum (PG) is a reactive non-infectious condition falling under one of the group of auto inflammatory disorders known as Neutrophilic Dermatoses. It is mainly characterised and diagnosed by its full-thickness appearance, blue ragged undermined borders, rapid progression and accompanying severe pain; histology investigations may be considered to exclude other ulcerative causes.

Pyoderma Gangrenosum is an uncommon disease affecting both males and females of all ages but is ordinarily more common in those over 50 years. Its cause is considered to be a reaction to an internal disease or condition and known associates include; Inflammatory Bowel Disease and Rheumatoid Arthritis. However, about half of those affected by PG have none of the associated risk factors. Untreated PG ulcers may continue to enlarge, stagnate in the healing process and can prove very difficult to heal. (Oakley 2015)

First line treatment is often geared towards optimising wound care and is particularly important in cases of PG arising in the lower limbs, where underlying vascular disease may further interrupt the healing continuum. (Deroide et al 2019). In addition, there is a bed of evidence to support the use of compression therapy as part of the treatment aim (if arterial insufficiency has been excluded) to optimise wound healing in PG. Compression therapy promotes surface vein pressure; maintaining a small diameter and forces blood back into the deep vein system for replenishment. This in turn aids healing of active ulcers and in preventing ulcer recurrences (Ngan & Writer 2004).

This case involves a 56 year old female with a history of Rheumatoid Arthritis, Kidney Disease, Osteoporosis and Pyoderma Gangrenosum.

The patient developed a medication induced ulcer to the left lower leg in July 2018 as a result

of the treatment for Rheumatoid Arthritis. The initial assessment presented an ulcer measuring 2 x 2 x 0.3cm, with the ulcer bed comprising of; 80% slough, 10% granulation and 10% epithelised tissue.



28th July 2018

A variety of topical wound management treatments were adopted, inclusive of honey and silver based dressings and a polyhexamethylene biguanide (PHMB) gel.

A further assessment in four months later illustrated a deterioration in the ulcer with an increase in the dimensions to 7.4 x 7 x 0.3cm; with combined tissue types of 20% necrotic, 70% slough and 10% granulation. It was at this point that a diagnosis of Pyoderma Gangrenosum was confirmed. Pain was also a major factor.

Flaminal Forte was introduced as the primary dressing.



23rd November 2018

Method

The Tissue Viability Specialist Nurses' aims were to promote autolytic debridement of the devitalised tissue, exudate management,

alleviation of wound bio-burden to lessen the risk of infection and finally to ease the intensity of pain experienced by the patient. Furthermore, the implementation of compression therapy was intended, once pain control had been accomplished, in order to enhance evidence based practice of the PG treatment regimen.

Flaminal Forte is an enzyme Alginogel wound healing agent and was selected to facilitate the debridement of necrotic/sloughy tissue in order to encourage the formation of healthy granulation tissue. Additional considerations were undertaken in respect of the products' antimicrobial properties, its ability to soothe and indications to manage moderate to high exuding wounds.

Flaminal Forte has a higher concentration of alginate, than its Hydro companion.



9th November 2018

Result

Flaminal Forte primary dressing application continued throughout the treatment trajectory and a sustained improvement was achieved. A secondary non adherent to reduce the risk of trauma and superabsorbent were utilised. The treatment aim expectations, set out by the Tissue Viability Nurse, were all accomplished. There was no episodes of wound infection during this treatment plan and there was also a marked reduction in pain which subsequently resulted in the patient being able to tolerate compression therapy. This complex leg ulcer healed within a thirteen month period following the introduction of Flaminal Forte as the principal dressing.



10/05/19 - 13/09/19 - 17/01/20

Discussion

Currently there are no national or international guidelines for the treatment of PG and therefore management can be challenging, given the lack of a standardised approach (Deroide et al 2019). In most cases, treatment often takes on a multi-faceted approach, comprising of; wound care, topical therapy, and systemic medications.

Conclusion

Chronic leg ulceration imposes significantly on quality of life. Ultimately, a comprehensive assessment, accurate diagnoses and best practice treatment can improve clinical outcomes and prevent patient suffering. This case study demonstrates the importance of appropriate wound assessment and management and the effectiveness of Flaminal Forte in assisting healing through debridement, exudate control and pain management, in a patient with a complex Pyoderma Gangrenosum ulcer.

References

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