

# THE MANAGEMENT OF A PATIENT WITH BILATERAL ULCERATION CAUSED BY CUTANEOUS VASCULITIS

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## Introduction

This case study discusses the management of 48-year-old Mrs W who was referred to the tissue viability team with a 10-month history of bilateral, circumferential ulceration to her legs resulting from Cutaneous Vasculitis (CV). The term vasculitis refers to a wide spectrum of diseases characterised by inflammation and necrosis of blood vessel walls.<sup>1</sup> Cutaneous involvement is often a clinical manifestation of vasculitis, however CV has a broad range of presentations and there are numerous disorders that can mimic vasculitis.<sup>2</sup> Almost half of all patients presenting with CV have self-limited disease localised to the skin without any attributable cause, trigger or associated systemic (idiopathic) cutaneous leukocytoclastic vasculitis.<sup>3</sup> However, CV may be caused by an infection, medications, autoimmune diseases, malignancy or blood disorders. In the case of Mrs W there was no known cause and initially diagnosis was challenging leaving her with recalcitrant ulceration to both limbs requiring daily dressings.



Figure 1



Figure 2



Figure 3



Figure 4

## Method

On initial assessment, the ulcerated areas on Mrs W's lower legs were covered with 95% thick fibrous slough, with only minimal islands of granulation tissue evident (fig.1); coupled with high exudate levels causing malodour, increased pain and distress for Mrs W. Although swabs returned positive for Staph aureus and coliforms, no systemic antibiotics were prescribed.

The aims of wound management were:

- Reduce wound bioburden
- Debride slough
- Manage high exudate levels
- Prevent peri-wound maceration
- Control pain
- Prevent hospital admission

Previous unsuccessful treatments had included larval therapy, topical steroids, honey, silver and sheet hydrogel dressings. The new dressing regimen consisted of Flaminal® Forte (Flen Health) applied to non-adherent secondary dressings in order to ensure an even application over the large areas of ulceration. These were then covered with super absorbent dressings to manage the high levels of exudate together with compression bandaging. Dressing changes were undertaken in outpatients' clinic three times per week and the wounds were reviewed weekly by the tissue viability team.

## Results

Within ten days of the first application of Flaminal® Forte it was clear that the thick fibrous slough was liquefying and autolytically debriding (fig.2). This trend continued at each dressing change, albeit the process took five and a half months due to the extent and duration of ulceration. Mrs W's peri-wound skin improved as the bioburden and exudate levels reduced and her pain was controlled; she subsequently felt she was regaining some quality to her life which had been lacking for the previous 10 months.

Mrs W's right leg has almost healed after 6 months of treatment with minimal superficial broken areas remaining (fig.3,4). Unfortunately, Mrs W sustained a Deep Vein Thrombosis to her left leg 3 weeks after commencing treatment with Flaminal®, which subsequently impacted on the healing potential of this leg.

## Discussion

Debridement, control of exudate, malodour and pain, as well as prevention of infection were important considerations when devising a treatment plan with Mrs W. With such extensive chronic ulceration Mrs W was at high risk of necessitating hospital admission and it was therefore incumbent on the team to reduce the bioburden as well as controlling other symptoms as quickly as possible. Dressing change had been a painful and stressful experience for Mrs W but she reported no discomfort during dressing change, which is recognised to be one of the most traumatic and painful times for a patient.<sup>4</sup>

Flaminal® products are Enzyme Alginogels® containing an antimicrobial enzyme system capable of absorbing excess exudate (whilst remaining in a gelled state), promoting continuous debridement and controlling bioburden.<sup>5</sup> Flaminal® has also demonstrated ability to reduce pain in acute and chronic wounds.<sup>6</sup>

## Conclusion

The tissue viability team selected Flaminal® as a product that could be utilised throughout the healing trajectory for this lady with extensive and recalcitrant ulceration to both legs impacting on her daily life. Prevention of hospital admission, reduction in wound bioburden, no exudate or malodour, no pain, healing ulceration and an improved quality of life were achieved by the team.

### References

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