Phlegmons
of the lower extremity
in AOD with gangrene

Bernd von Hallern
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Diagnoses
- Right-sided stage IV AOD with occlusion of the superficial femoral artery
- Status post bypass operation on femoral artery ten weeks previously
- Status post transmetatarsal amputation of great toe
- Diabetes mellitus type II, insulin-dependent

History on admission
Ten weeks previously a right femoro-popliteal composite bypass PIII was implanted for stage IV AOD. The postoperative course was uncomplicated. The black necrotic great toe was amputated and open treatment performed.

Findings on admission and treatment
At this repeat admission, the patient was found to have a phlegmon on the right foot. Surgical debridement was performed under anesthesia and systemic antibiotic therapy was instituted. Necrosectomy was continued until tissue with some degree of blood perfusion was observed. Open wound treatment was carried out with antiseptic irrigation (Octenisept®) and bacteria binding dressings (Cutimed® Sorbact®).

Heavy exudate and wound infection required a dressing change every 12 to 14 hours for the first ten days, and thereafter at least once daily. Newly forming necrotic areas were repeatedly debrided. Wound conditions improved markedly after four weeks, allowing subsequent outpatient treatment performed in our vascular surgery outpatient clinic. We discharged the patient after three months to ongoing primary medical care.

Day 1
Status on admission. The foot is swollen and there is bluish-livid discoloration of the forefoot extending to the ankle. On pressure, pus drains from the existing, still open amputation wound of the great toe.

Week 2
Wound status on the 8th postoperative day. New fatty tissue and muscle necroses are still forming and are continuously removed at each dressing change. Generous antiseptic irrigation is followed by Cutimed® Sorbact® wound dressing.
**Week 7**
A marked reduction in wound size is visible. Dressing change intervals now every two days.

**Week 4**
The swelling and redness of the foot have subsided. The wound bed is covered by a thick layer of fibrinous necrotic slough. The superior pole of the wound has almost closed. Now switch to moist wound treatment with hydroactive foam dressings.

**Week 13**
Infection-free wound conditions. The wound is closed except for an area of 5 x 0.7 cm. The patient can now put appr. 50 kg weight on his leg.

**Week 22**
Patient presents again two months later (total treatment period now five months). Unfortunately only very modest healing progress because treatment was switched from moist wound treatment to paraffin gauze.

**Week 28**
Wound assessment after another six weeks (total treatment period six and a half months). Wound closure still not achieved. We recommend treatment with hydroactive wound dressings until wound closure.
Note:
The product name Cutisorb® Sorbact® was changed to Cutimed® Sorbact® in 2008. The case reports were performed using Cutisorb® Sorbact® ribbon gauze and absorbent pads.

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