CASE STUDY

Use of Pro3™ Flowable Amniotic Fluid Graft for a Chronic Non-Healing Ulceration Following Squamous Cell Carcinoma Excision

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Compiled by Paragon 28 Research & Development Team

FEATURED PRODUCT: PRESERVE™ Pro3™ Flowable Amniotic Fluid Graft

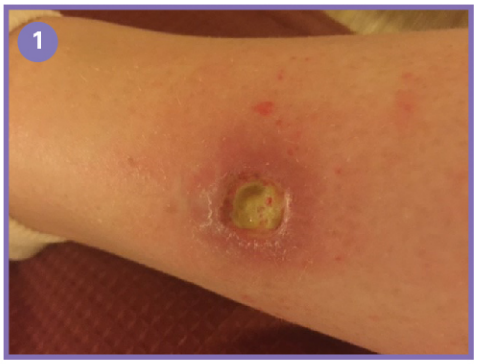
PATIENT HISTORY

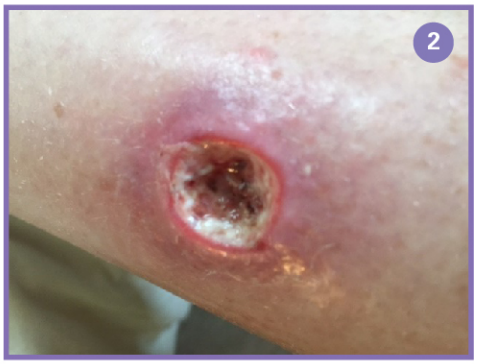
A 29 year old female with a history of squamous cell carcinoma on her left anterolateral tibia, diagnosed with biopsy. Patient medical history is otherwise negative. The patient underwent excisional surgery of the squamous cell carcinoma with clear margins seen on the borders. Following the procedure, the patient developed a chronic, non-healing ulceration at the site of squamous cell carcinoma excision.

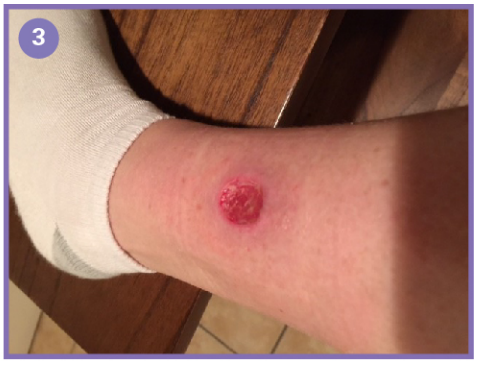
INITIAL TREATMENT INTERVENTION

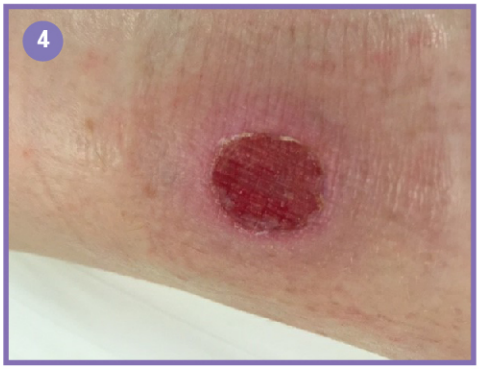
Wound debridement was performed 6 weeks status-post excision. At 12 weeks status-post excision, the wound bed was 90% fibrotic and 10% granular, measuring approximately 2.5 cm in diameter with a depth of 0.3 cm (Fig. 1). Debridement was performed and the patient followed up one week later. The wound diameter remained consistent, with a decreased amount of fibrotic tissue post-debridement (Fig. 2). Daily saline wet-to-dry dressing changes were initiated.

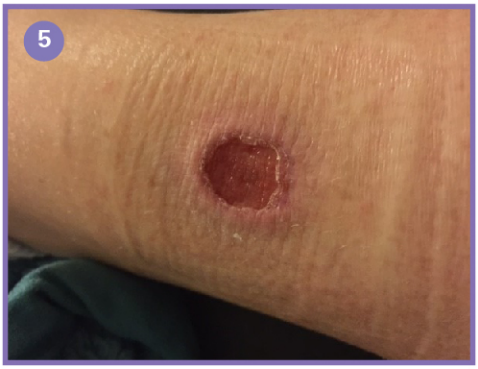
At 13 weeks status-post excision, improved granulation of the wound bed was noted. Following debridement, the wound diameter remained consistent at 2.5 cm in diameter with a depth of 0.2 cm. The wound bed was 90% granular and 10% fibrotic (Fig. 3). Pain level at this time was reported as 6 out of 10. Two weeks later (15 weeks post-op), granulation of the wound bed was 100% and the depth of the wound was <0.1 mm (Fig. 4). Decreased wound diameter was noted over the next 10 days, 16.5 weeks post-op (Fig. 5). A small decrease in wound diameter was noted during the three weeks following this visit, but healing remained relatively stagnant (Fig. 6).

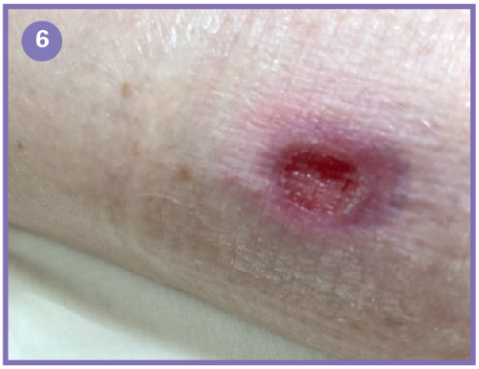












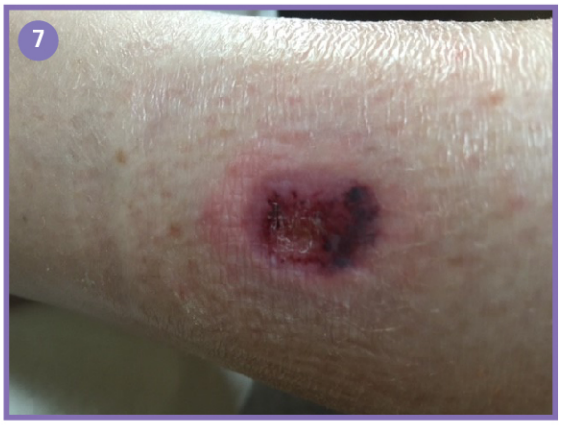
TREATMENT WITH PRO3™ FLOWABLE AMNIOTIC FLUID GRAFT

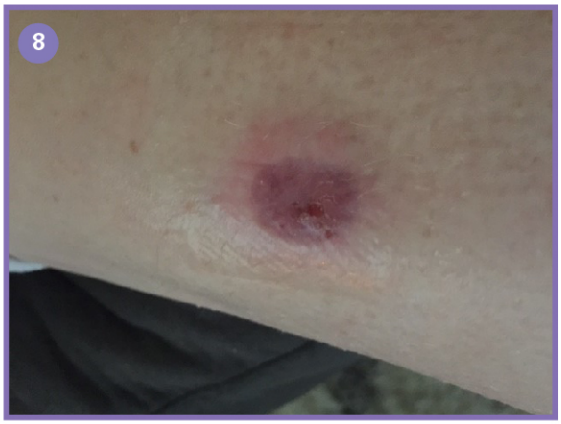
At 20 weeks status-post excision, a decision was made to initiate treatment of the wound with Pro3™ Flowable Amniotic Fluid. Pro3™ Flowable is an all-natural liquid matrix allograft derived from amniotic fluid. Amniotic fluid is naturally present to protect the fetus and provides the ideal environment to support fetal growth. Pro3™ Flowable processing procedures have been shown to successfully preserve the natural composition of amniotic fluid, providing the same properties for supplementation.

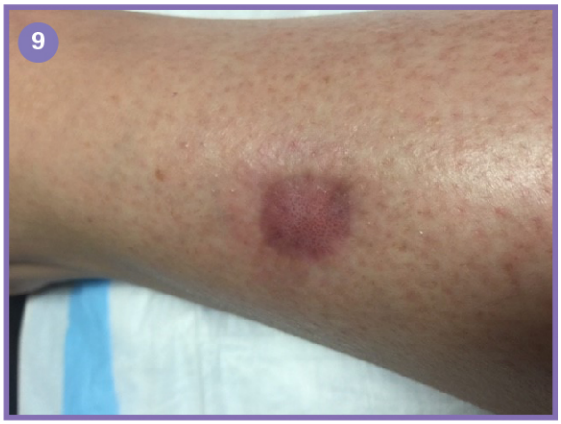
The patient opted to receive a single 1 cc injection of a 1:1 mixture of Pro3™ Flowable and 1% Lidocaine Plain. The injection was administered using an 18 gauge needle, and a total of 4 sites at the wound margins were injected with the intent to increase cushioning in this area and promote continued improvement. As an alternative, Pro3™ Flowable can be administed using an 18 gauge needle on its own following injection of plain Lidocaine using a smaller bore needle to help increase patient comfort. A small amount of ecchymosis was noted at the proximal wound edge following injection (Fig. 7). A sterile non-adherent dressing was applied directly to the wound and was secured using sterile gauze, roll gauze and an elastic bandage.

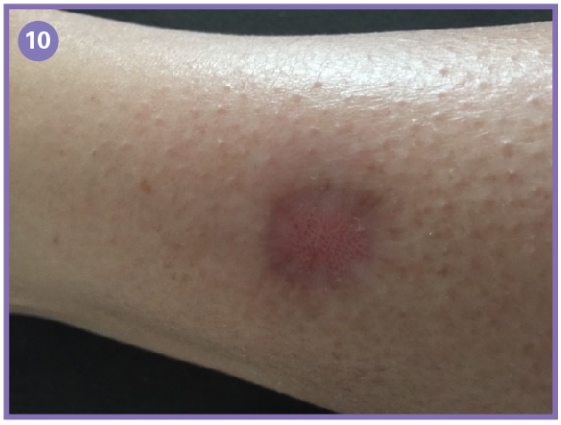
At two weeks follow-up, the wound was closed with the exception of a small, superficial central section measuring 0.2 cm in diameter (Fig. 8). The patient reported complete wound closure a few days later. At 30.5 weeks follow-up, the wound remained closed with a decreased amount of scar tissue (Fig. 9). The patient reported a pain level at this time of 0 out of 10.

At time of final follow-up (37 weeks status-post excision), appearance of the wound continued to show improvement (Fig. 10). The patient opted to receive laser therapy to the scar to decrease redness and discoloration to the area.









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