

# **Case Studies**

## **Chronic and Difficult to Heal Wounds**

Case 1: Venous Leg Ulcer

Description

Age	67 years
Sex	Female
Age of wound	1 year
Wound at initial examination	Inside lower leg (left): skin on lower legs rough and scarred. Therefore, healing considerably impeded. Wound lies in a zone of highest mechanical stress
Ulcer underlying disease	Chronic venous leg ulcer in an unstable scar
Comorbidities	Polyarthritis with cortisone medication
Wound therapy	<b>SUPRATHEL®CW</b> treatment with changes 1-2 times a week
Additional measures	Compression therapy (class 2), treatment of the wound surroundings with zinc ointment
Duration of wound healing	13 months



Wound at start of therapy



After about 8 weeks: Significant improvement of the wound bed. Irritations of the wound environment strongly reversed



After 6 months: Change of **SUPRATHEL®CW** only necessary every 2 weeks



After 11 months: Significant reduction of the wound area



After 13 months: Wound only minimal remaining defect

## Case 2: Venous Leg Ulcer

## Description

Age	85 years
Sex	Female
Age of wound	1 year (without healing tendency)
Wound for initial examination	Above the outer crescent (right): 12 x 6 cm <sup>2</sup> , colonized with MRSA, epithelialization beginning from the margin
Ulcer underlying disease	Venous leg ulcer with arterial component
Comorbidities	Hip joint arthrosis (right) supplied with endoprosthesis (slight arterial circulatory disorder)
Wound therapy	<b>SUPRATHEL®CW</b> treatment with changes 1 x a week
Additional measures	Compression therapy (class 2, during the day)
Duration of wound healing	1 year



Wound at start of therapy

After 7 days: Despite strong secretion, **SUPRATHEL®CW** still sticks with the paraffin gauze

After three months: Wound already reduced by more than half. Three-part division with epithelial bridges



After four months: Progressive reduction of the wound area



Wound after 6 ½ months: Significant wound reduction



After 1 year: Wound completely healed

## Case 3: Rhagade

### Description

Age	82 years
Sex	Male
Age of wound	Approx. 2 months
Wound at initial examination	Deep, infected rhagade with traumatic clubfoot (gunshot wound in war), between former full skin graft and the remaining heel skin
Comorbidities	Diabetes mellitus type 2, polyneuropathy and therefore complete sensitivity of the sole of the foot in the area concerned.
Wound therapy	<b>SUPRATHEL®CW</b> treatment with changes in the first month 2 x weekly, then 1 x per week
Duration of wound healing	Approx. 3½ Months



About 2 months previously, a bone projection in the area of the sole of the foot was removed and the skin defect was closed by suture. Three weeks later, however, another dehiscence occurred. Due to poor wound conditions without a healing tendency, a full-skin transplantation onto the defect of the sole of the foot was performed after 3 weeks. However, the graft was largely rejected. Therefore, an attempt was made to cover the wound with **SUPRATHEL®CW**, resulting in an immediate reduction of surrounding inflammation.



After about 10 weeks: Significant reduction of the rhagade



After 14 weeks: Wound completely closed

## Case 4: Venous Leg Ulcer

## Description

Age	79 years
Sex	Female
Age of wound	1 year
Wound for initial examination	Above the outer ankle (right), wound area and epithelial islands swollen and reddened in the middle of the defect
Ulcer underlying disease	Mixed arterial and venous leg ulcer
Comorbidities	Arterial occlusive disease of both legs, right bypass operation, only 1-vessel care from anterior tibialis artery
Wound therapy	<b>SUPRATHEL®CW</b> treatment with changes at the beginning every 4 days then 1 x weekly
Additional measures	Compression therapy not possible due to poor blood circulation conditions
Duration of wound healing	5 months



Wound at start of therapy:  
Change of **SUPRATHEL®CW**  
every 4 days



After 5 days: Wound shortly  
after application of  
**SUPRATHEL®CW** painless.  
Cutting **SUPRATHEL®CW** to  
size on single wound surfaces  
advantageous



After 10 days: Reduction of the  
wound area. Despite compressi-  
on therapy not possible, reduci-  
on of swellings and redness



After 5 weeks: Decrease in  
wound area by approx. 30%.



After 11 weeks: Continued  
strong reduction of wound size



After five months: Wound is  
completely healed.

## Case 5: Venous Leg Ulcer

### Description

Age	86 years
Sex	Female
Age of wound	> 1 year
Wound for initial examination	Inner ankle (left), 4.2 cm x 2.1 cm, wound base areactive and reddened. Wound area covered with zinc paste
Ulcer underlying disease	Pure venous leg ulcer
Wound therapy	<b>SUPRATHEL® CW</b> treatment with changes 1 x a week
Additional measures	<b>SUPRATHEL® CW</b> Compression Therapy (class 1)
Duration of wound healing	< 1 year



Wound at start of therapy: 4.2 cm x 2.1 cm wound under **SUPRATHEL® CW** immediately pain-free



Wound after 9 days: Rapid reduction of surrounding inflammation



After about 5 weeks: Wound area reduction to 3.4 cm x 1.5 cm. Clearly visible epithelialization starting from the margin



After less than 1 year: wound completely healed

## Case 6: Bite Wound

## Description

Age	80 years
Sex	Female
Wound at initial examination	Bite wound (dog) on forearm. Wound triangular-shaped (6 cm edge length), slightly covered with reddened edges. Skin shows cortisone damage (thin and vulnerable). Patient refused a split skin transplantation, therefore therapy with <b>SUPRATHEL®CW</b> was chosen
Comorbidities	Pulmonary disease, long-term cortisone medication
Wound therapy	<b>SUPRATHEL®CW</b> treatment with changes 1 -2 x weekly
Duration of wound healing	5 weeks



After 1 week: Wound circumference already reduced by 5 cm and no longer reddened. The wound was previously cleaned with Lavasept-Gel for several days



After 3 weeks: Only a small residual defect without signs of inflammation. Wound completely painless under **SUPRATHEL®CW**



In this case as well, a perfectly fitting covering with **SUPRATHEL®CW** proved to be advantageous



After 5 weeks: The wound healed completely despite the unfavorable initial conditions. Therefore, transplantation could be avoided



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