

CLINICAL USE OF NEOX[®] CORD 1K AS AN ADJUNCT THERAPY IN PROMOTING HEALING OF A COMPLEX WOUND RESULTING FROM NECROTIZING FASCIITIS

by: Thomas Fusco, DPM, FACFAS - Orthopedic Associates, Fort Walton Beach, FL

WHY THIS STUDY IS RELEVANT:

Necrotizing fasciitis is an uncommon but severe infection often involving the foot and ankle, especially in diabetic patients. These infections carry a very high morbidity and mortality rate, frequently resulting in amputation. These can be very difficult wounds to resolve after the initial debridement and require aggressive wound care for limb salvage.

KEY POINTS:

- High closure rate with fewer applications
- Expedited wound healing
- Ease of use and application

CASE EXAMPLE:

- 64-year-old diabetic with PAD, Neuropathy, HTN, CAD with prior MI.
- Presented to ER with sudden increase in erythema and edema surrounding a small plantar foot wound. Patient had been swimming in his pool for the last several days.
- Patient underwent multiple surgical debridements. IVAB and irrigating wound VAC while in the hospital.
- IVAB continued after discharge. Collagen started under VAC at discharge.

IN 10 WEEKS

FROM HERE...



...TO HERE.



TREATMENT PROCEDURE:

- Initial office visit after discharge (A).
- One month of wound VAC and collagen (B).
- Patient develops significant infection in toes 2, 3, 4 requiring hospitalization and amputation of toes 2-5 (hallux was saved for possible flap usage in the future). During this surgery we applied a NEOX CORD 1K graft to the plantar wound and sutured it in place with nylon. Shown here 1 week post discharge (C).
- No further grafts were applied to the plantar foot wound.

OUTCOME:



INITIAL OFFICE VISIT



1 MONTH POST-VAC AND COLLAGEN



1 WEEK POST-OP



3 WEEKS



5 WEEKS



7 WEEKS



10 WEEKS

NEOX® CORD 1K

Supports regenerative healing as the “go to” adjunct therapy for treating complex wounds.

Delivering the natural power of human birth tissue to wound environments, NEOX CORD 1K addresses the unmet clinical needs of diabetic foot ulcers, chronic ulcers and chronic wounds.

- High closure rates¹⁻⁴
- Fewer applications compared to other birth tissue allografts¹⁻⁴
- Reduced cost of care¹⁻⁴
- Promotes healing in complex diabetic foot ulcers complicated with osteomyelitis, comparing favorably to Standard of Care.^{1,3-4}

% Patients Achieving Closure of Complex Wounds With:

NEOX CORD 1K	Standard of Care
70% at 16 weeks ¹	31% at 20 weeks ⁵
79% at 12 months ¹	45% regardless of time ⁶

UP TO 10X THICKER than amniotic membrane,⁷⁻⁸ which may increase longevity in the wound bed for fewer applications and lower cost of care.

Faster wound healing of DFUs and chronic wounds may also allow for earlier and shorter patient rehabilitation.



1. Caputo WJ, Vaquero C, Monterosa A, et al. *Wound Repair Regen.* 2016;24(5):885-893.

2. Couture M. *Wounds.* 2016;28(7):217-25.

3. Raphael A. *J Wound Care.* 2016;25(Sup7):S10-17.

7. Raphael A, Gonzales J. *J Wound Care.* 2017;26(Sup10):S38-44.

5. Margolis DJ, Allen-Taylor L, Hoffstad O, Berlin JA. *Diabetes Care* 2002; 25: 1835-9.

6. Fife CE, Eckert KA, Carter MJ. *Adv Wound Care* 2018; 7: 77-94.

7. Cooke M, Tan EK, Mandrycky C, He H, O'Connell J, Tseng SC. *J Wound Care.* 2014;23(10):465-476.

8. Tan EK, Cooke M, Mandrycky C, et al. *J Biomaterial T Eng.* 2014;4:379-388.

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7300 Corporate Drive, Suite 700, Miami, FL 33126 | 888.296.8858

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