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WOUND CASE REVIEW

COMPLEX WOUND

CLINICAL USE OF NEOX® CORD 1K AS AN ADJUNCT THERAPY IN THE MANAGEMENT OF A SEVERE DIABETIC FOOT WITH NECROSIS OF PLANTAR MUSCLES AND OSTEOMYELITIS

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WHY THIS STUDY IS RELEVANT:

This is a complex clinical issue; the infection can progress to bone from the infected muscle. This severe muscle necrosis demonstrates the highly aggressive nature of this infection. In this case, the treatment outcome helped avoid the need for proximal amputation.

KEY POINTS:

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

CASE EXAMPLE:

- 64 year old male with peripheral neuropathy with no history of previous foot ulcers.
- Uncontrolled diabetes with severe diabetic foot infection and osteomyelitis.
- Patient was compliant with non-weight bearing and blood sugar control after hospitalization.
- Presented to the office with a severe diabetic foot infection with necrosis of all of the plantar foot muscles.
- Performed surgical debridement of all nonviable bone and soft tissue, patient had trans-metatarsal amputation, there was not adequate soft tissue to cover the plantar foot deficit and the distal foot with exposed metatarsal shafts.
- Patient only had intact soft tissue at the plantar heel.

IN 15 WEEKS

FROM HERE...

...TO HERE.

TREATMENT PROCEDURE:

- In order to expedite healing and provide proper soft tissue coverage that would not re-ulcerate, NEOX CORD 1K allograft was placed into the skin deficit with exposed bones and muscles.
- After graft application, the patient was seen in the office every 7-14 days to monitor progress and debride any nonviable soft tissue.
- Application of a wound VAC (6 weeks) helped cover exposed bone and helped granulate the deep soft tissue deficit.
- Approximately 1 month post op, wound VAC was discontinued.
- No further grafts were applied to the wound.
- The patient healed, in 4 months, the new skin at the plantar and distal foot looked like his own. Patient had reduced scarring which would have limited weight-bearing and risked re-ulceration.
- Distal central foot has hyperkeratotic tissue that is at risk for re-ulceration. Moisturizing creams and diabetic shoes should help prevent this from becoming a future ulcer.
- Avoided below knee amputation.

OUTCOME:

DEC 2020

POST OP DATE AFTER TMA IN JAN 2021

2 WEEKS POST GRAFT APPLICATION

4-5 WEEKS AFTER GRAFT APPLICATION. WOUND VAC STOPPED

7 WEEKS AFTER GRAFT

12 WEEKS AFTER GRAFT

14-15 WEEKS AFTER GRAFT

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 rates**[1-4]
- **Fewer applications compared to other birth tissue allografts** [1-4]
- **Reduced cost of care**[1-4]
- **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.

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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.
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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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