Efficacy of Particulate dHACM in Diabetic Foot Ulcerations, Chronic Lower Extremity Ulcerations and Other Wounds

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Desert Foot, November 19-21, 2014, Phoenix, AZ

Background

- Dehydrated human amnion/chorion membrane (dHACM) contains essential growth factors and extracellular matrix proteins, collagen, and reduces inflammation in chronic wounds.
- Published studies have shown that treatment of varying types of wounds with dHACM improves healing and closure rates.1,2,3
- The dHACM allograft is available in a sheet form, but it is also available as a particulate that can be sprinkled onto the wound bed or suspended in normal saline and injected in the soft tissue under the wound bed and in the wound margins.

Methods

- A retrospective analysis of patients with chronic lower extremity wounds treated with dHACM particulate was conducted.
- Appropriate wound care was provided to all patients following 4-week established guidelines of standard treatment.
- Patients who did not meet the area calculation in dimensional reduction and expectations of wound size healing were then offered treatment with dHACM particulate.
- Treatment with dHACM particulate was initiated on 16 patients on the third or fourth subsequent visits approximately 30+ days post initial evaluation and treatment.
- Patients were reevaluated weekly and dHACM particulate was applied if deemed appropriate.
- Rate of complete healing, time to closure, and amount of dHACM used was evaluated.

Results

- A total of 21 total wounds on 16 patients were treated with dHACM particulate.
- Treatment of wounds of mixed etiopathogenesis with dHACM particulate appears effective for accelerated healing rates of chronic DFU, traumatic and other types of lower extremity ulcerations.
- The mean healing rates and application interval lengths appear to closely approximate the already published data on the dHACM allografts.

Conclusions

- Treatment of wounds of mixed etiopathogenesis with dHACM particulate appears effective for accelerated healing rates of chronic DFU, traumatic and other types of lower extremity ulcerations.
- The mean healing rates and application interval lengths appear to closely approximate the already published data on the dHACM allografts.

References