A RETROSPECTIVE VIEW OF THE TREATMENT OF CHRONIC LOWER EXTREMITY WOUNDS WITH DHACM
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Chronic wounds, such as diabetic neuropathic foot ulcers, venous or arterial insufficiency ulcers and pressure ulcers lead to disability, morbidity, and accelerated mortality. An evidenced-based, patient centered, multidisciplinary approach is central to optimizing the treatment of non-healing wounds. Many ulcers, however, remain refractory to standard treatment algorithms.¹

Amniotic membrane derived from the placenta is rich in cytokines and growth factors known to promote wound healing.

Dehydrated Human Amnion/Chorion Membrane (dHACM)

- PURION® Processed dHACM has been shown to contain growth factors that help in wound healing, including PDGF-AA, PDGF-BB, bFGF, TGF-β1, EGF, VEGF, and PI GF, as well as anti-inflammatory interleukins (IL-1ra, IL-4, IL-10), and TIMP-1, TIMP-2, TIMP-4, which help regulate the matrix metalloproteinase activity.²

- Results from in vitro and in vivo experiments established that dHACM contains factors capable of stimulating mesenchymal stem cell migration and recruitment.²

- In randomized trials, dHACM allografts have been shown to be an effective treatment for diabetic foot ulcers and venous leg ulcers. ³-⁶

In our population, dHACM has shown to be an effective alternative for patients with difficult lower extremity wounds that have failed prior wound treatment modalities, while decreasing our product wastage.

References