

CASE STUDY

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Patient background and wound history

58-year-old male patient, with a history of Type I Diabetes, with Charcot foot 10 years ago.

In 2018, presented with an ulcer, treated with different dressings, required amputation of the toe of the first toe of the right foot.

In March 2023, he presented a lesion on the plantar pad in the right foot associated with weight bearing, it was also managed with various dressings.



3/04/23

Treatment

April 3, management with copper dressing begins; cleaning the wound with saline solution and changing the dressing every 7 days.



24/04/2023



27/05/2023

MedCu management and Clinical outcome

RESULTS: Favorable evolution is observed until closure by second intention on July 4.

CONCLUSIONS: The use of the copper dressing in difficult-to-heal wounds such as the one presented, demonstrates its effectiveness in controlling the bacterial load, maintaining the balance of the microenvironment, allowing for angiogenesis, endothelial proliferation and cell migration to occur until the closure of the wounds.



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In difficult-to-heal wounds, copper dressings prove effective controlling the bacterial load, maintaining microenvironment balance by enabling for angiogenesis, endothelial proliferation and cell migration to occur until the closure of the wounds.