

The Use of a Lyophilized Dehydrated Complete Human Placental Membrane (dCHPM) Allograft in a Diabetic Ulcer

INTRODUCTION

A 77-year-old male presented with a Diabetic Foot Ulcer (DFU) on his right foot measuring 0.9 cm in length, 0.7 cm in width and 0.1 cm in depth, with scant exudate of serous consistency. Previous therapies, including negative pressure wound therapy, failed for at least 12 weeks prior to application of the lyophilized dCHPM. At the time of initial evaluation, the wound was cleaned, debrided, and one 2x2 cm lyophilized dCHPM allograft was used to cover the wound. Standard facility protocol for tissue application was followed, including placement of a non-adherent dressing. The patient was also provided a cast boot for offloading. Clinicians rated the ease of the lyophilized dCHPM application as excellent.¹

TREATMENT

FOLLOW UP: DAY 14

After the initial lyophilized dCHPM application, the wound decreased in size to 0.8 cm long, 0.5 cm wide and 0.1 cm deep. The wound was cleaned and debrided, and a single 2x2 cm lyophilized dCHPM allograft was applied.

FOLLOW UP: DAY 28

Clinicians debrided the wound and changed the dressing. A single 2x2 cm lyophilized dCHPM allograft was applied.

WOUND RESOLUTION

DAY 46

By day 46, the treated wound completely resolved.

DAY 0



DAY 14



DAY 28



DAY 46

