

Rutherford 5

Clinical Case

Roberto Ferraresi

Peripheral Interventional Unit

www.robtoferraresi.it



A Rutherford 5 patient

- 72-year-old male
- Type 2 DM, 25 yrs
- Insulin therapy 10 yrs
- CAD (AMI 2007)
- Hypertension

Presentation

- The patient, after a long walk, noticed a dark spot on the sock of the left foot
- He found a superficial ulcer in the heel region of the left foot with surrounding cellulitis
- The patient went to GP who suggested local antibiotic therapy
- ***After 1 week the GP referred to our Diabetic Foot Clinic for a deep, infected ulcer of the heel***



Clinical characteristics

- Painless ulcer
- Femoral and popliteal pulse present
- Pedal pulses absent
- TcPO₂ 28 mmHg
- 12,000 white blood cells count

Diagnosis

Deep infected ischemic ulcer → RTF 5/TUC IID

<i>Rutherford</i>		
<i>Grade</i>	<i>Category</i>	<i>Clinical</i>
0	0	Asymptomatic
I	1	Mild claudication
I	2	Moderate claudication
I	3	Severe claudication
II	4	Ischemic rest pain
III	5	Minor tissue loss
III	6	Major tissue loss

University of Texas Wound Classification System		Grade			
		0 Pre or post ulcerative lesion completely epithelialized	I Superficial wound,	II Wound penetrating to tendon or capsule	III Wound penetrating to bone or joint
Stage	A No infection or ischemia	0A	IA	IIA	IIIA
	B Infection present	0B	IB	IIB	IIIB
	C Ischemia present	0C	IC	IIC	IIIC
	D Infection and ischemia present	0D	ID	IID	IIID

Treatment protocol in TUC D wounds (ischemia + infection)

1°

Infection treatment

- Ulcer debridement
- Urgent surgery for gangrene, abscess, phlegmon
- Identification of bacterial strains → appropriate antimicrobial therapy

2°

Urgent medical therapy

- Metabolic balance
- Anemia correction
- Heart evaluation
- Pre-medications:
 - Double anti-PLTs therapy
 - Renal protection

3°

Revascularization

PTA/Bypass are not the first-line therapy in Texas D wounds

4°

Final treatment

- Medical
- Surgical
- Orthopedic
- Rehabilitation

Before and after
debridement



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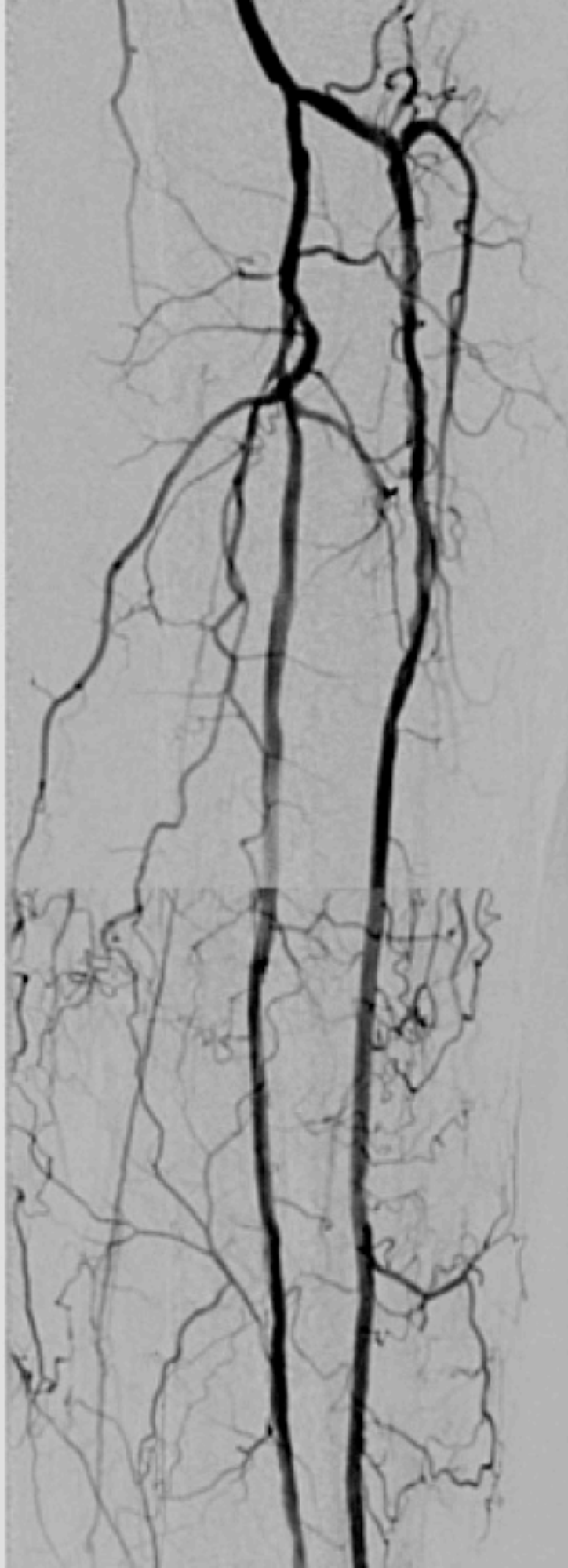
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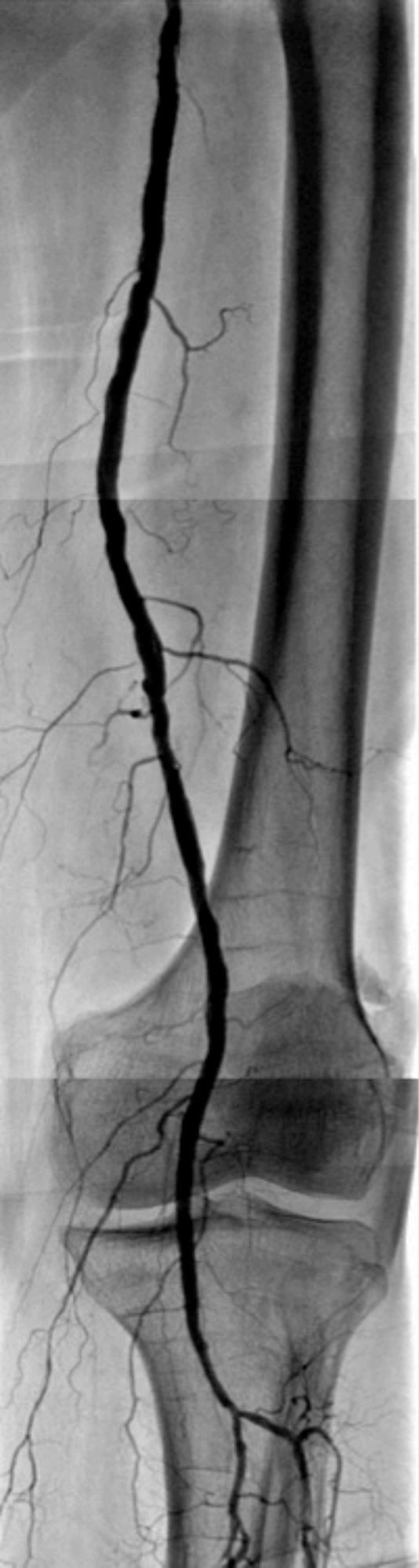
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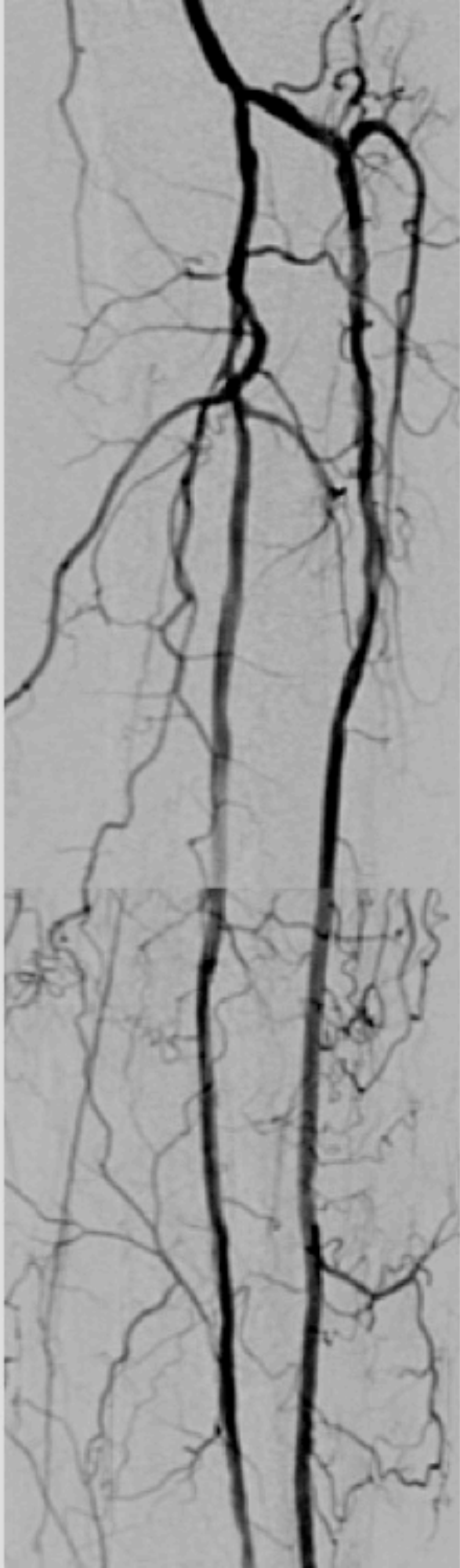
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**Good FEM-POP
patency**





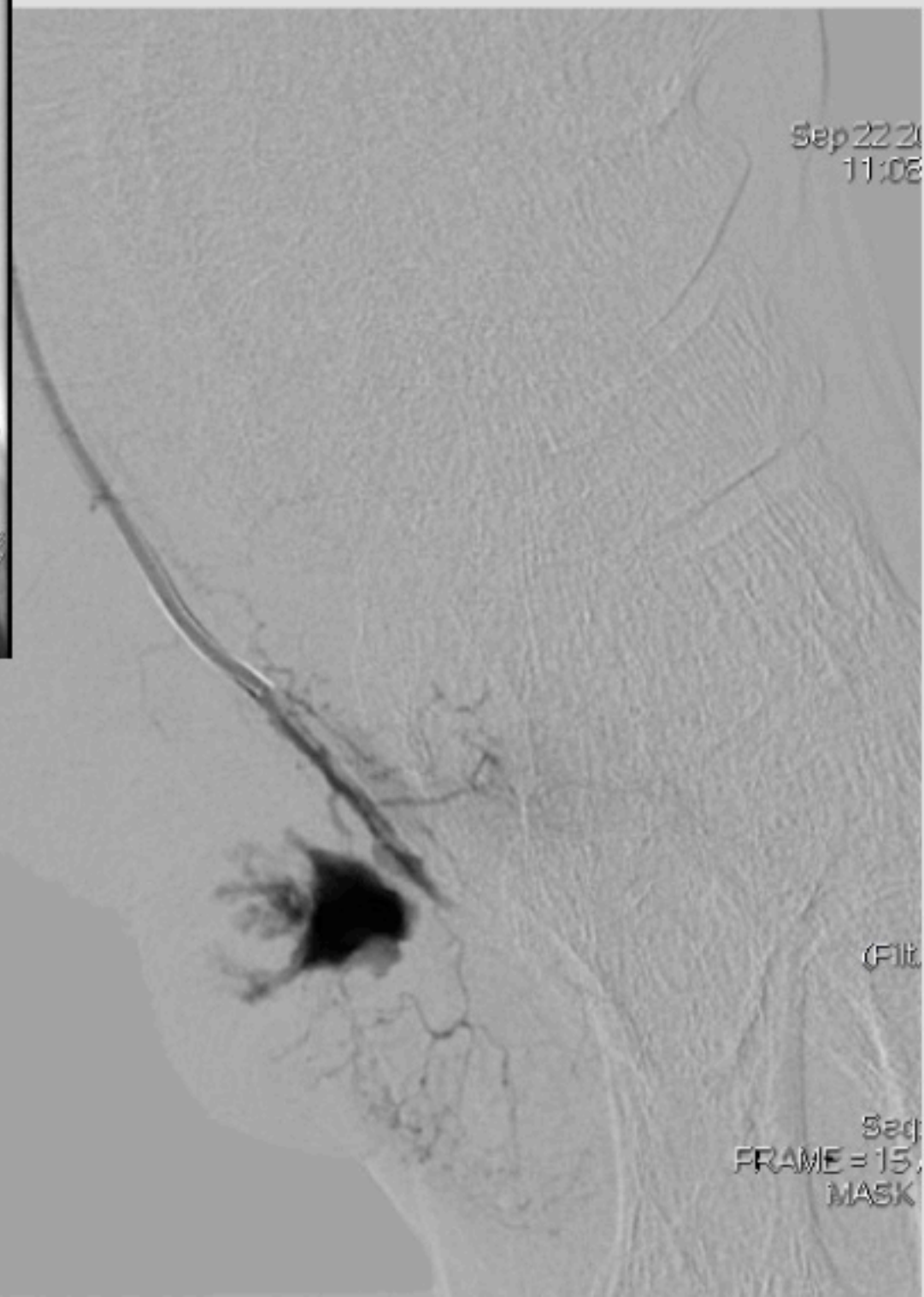
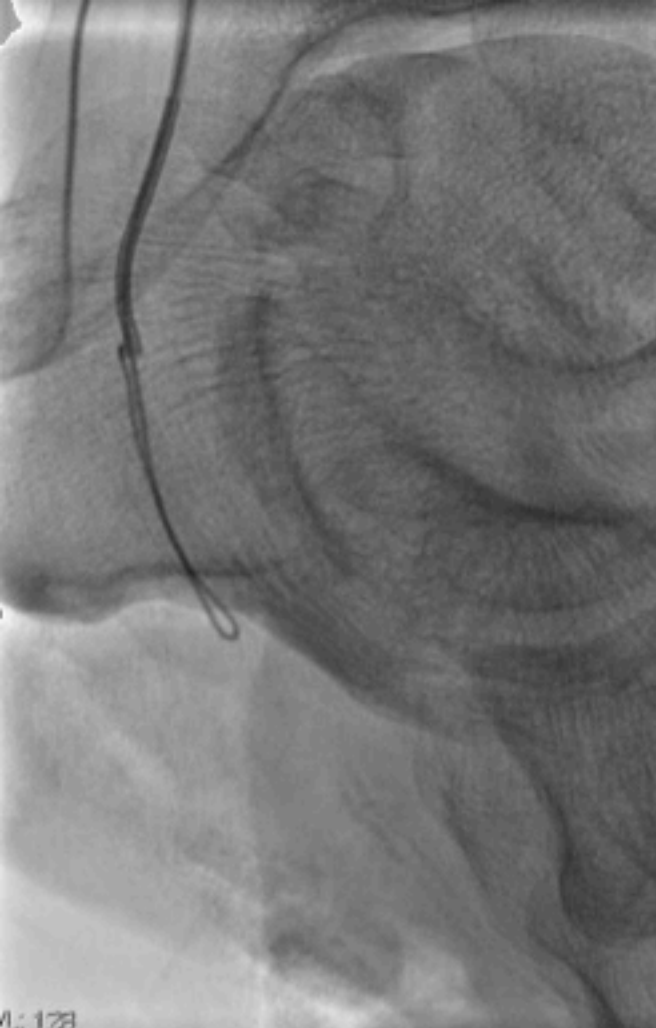
BTK

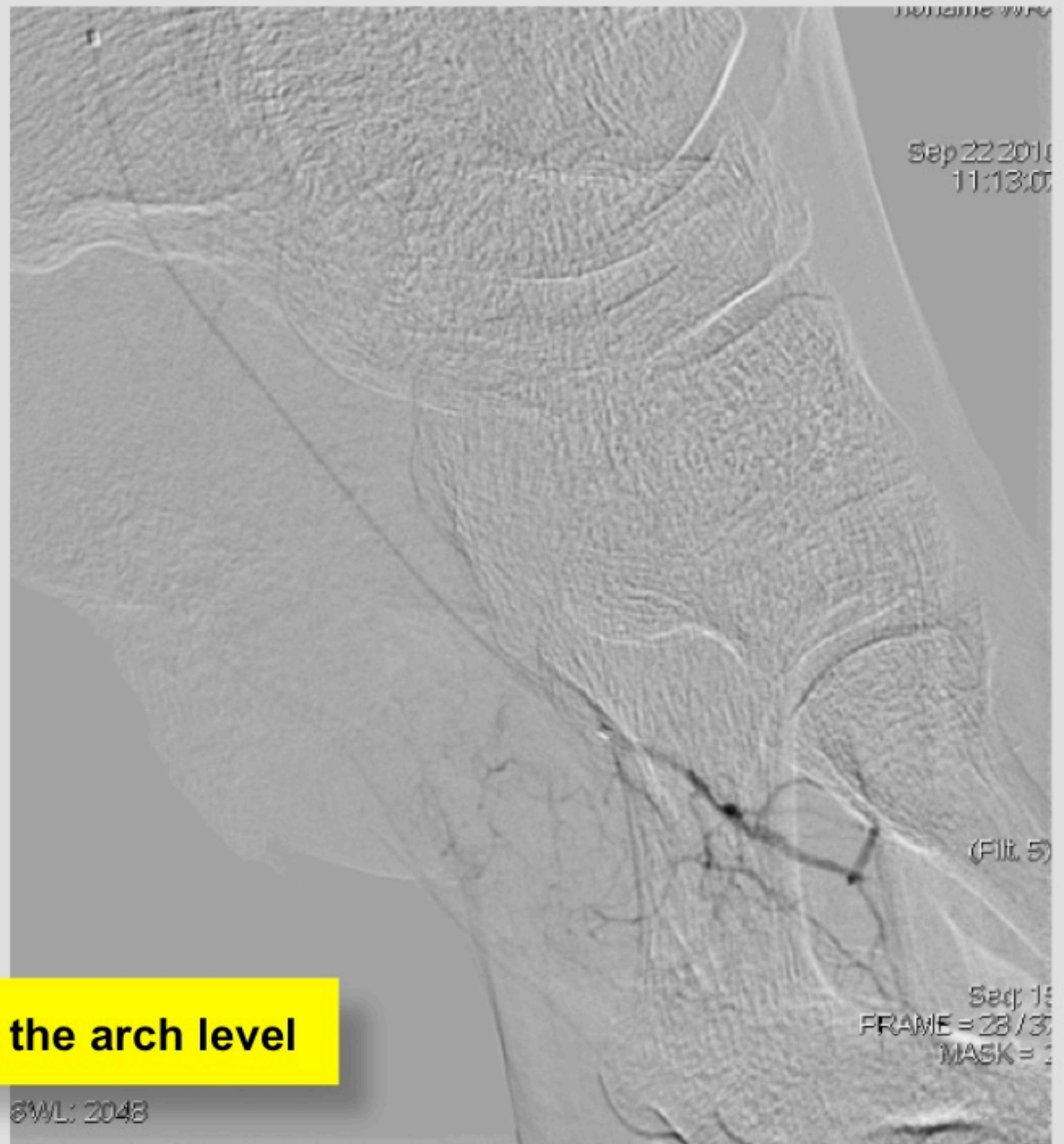
- **AT: patent**
- **PER: distal occlusion**
- **PT: complete occlusion**

FOOT

- **DPA: patent but small**
- **MPA: patent**
- **LPA: occlusion**
- **ARCH: patent**

Subintimal approach to LPA





Final result



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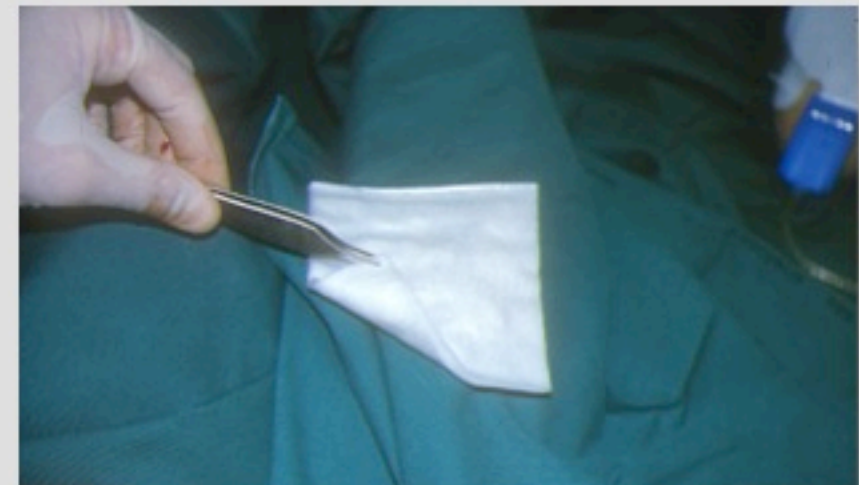
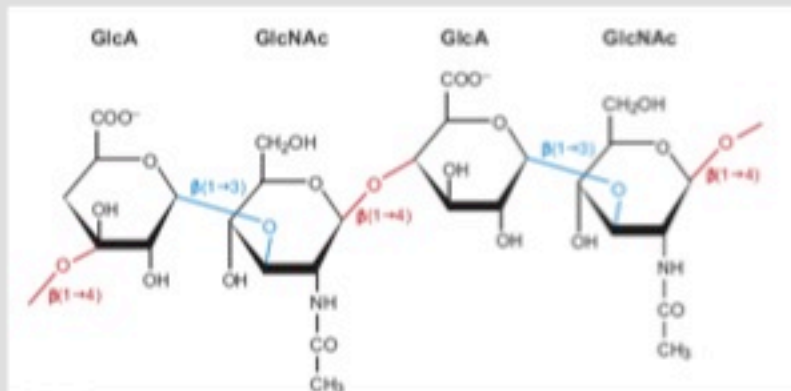
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How to accelerate “ulcer healing”

Hyaluronic Acid Bioinductive Dermal Substitute

Fundamental constituent of the extracellular matrix (glycosaminoglycan)

- High hydrating capability
- Modulates the process of tissue repair
 - facilitates cellular infiltration
 - stimulates fibroblast proliferation
 - promotes neoangiogenic activity
 - stimulates the production of extracellular matrix



28/12/2010
application of HMPA



after 30 days...



after 60 days...



The end of the story...

SKINGRAFT



ULCER HEALED
After 180 days

