Case study: Diabetic ulcer on foot

Contributed by Dr. Jeffery Lehrman, DPM, FACFAS

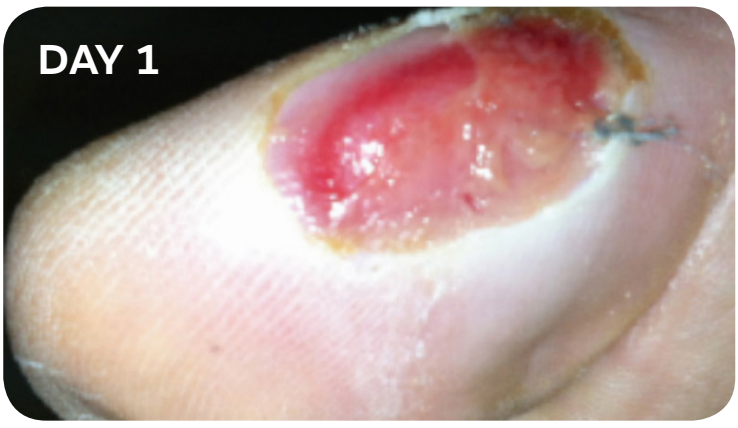
Smith+Nephew

Collagenase
SANTYL◊
Ointment 250 units/gram

Patient
89-year-old Caucasian male living with a history of non–insulin-dependent diabetes mellitus (NIDDM).

Wound presentation
- Ulcer on medial right hallux interphalangeal joint, noticed four days prior to first visit
- Seen by a primary care physician who prescribed an oral antibiotic
- Patient was applying Neosporin™ and a small adhesive bandage daily

Treatment
- Sharp debridement was performed at each visit
- Patient was instructed to wash and dry the wound daily
- SANTYL Ointment was prescribed to be applied daily for debridement of necrotic tissue
- Dry gauze was applied because the ulcer had enough drainage to supply appropriate moisture balance

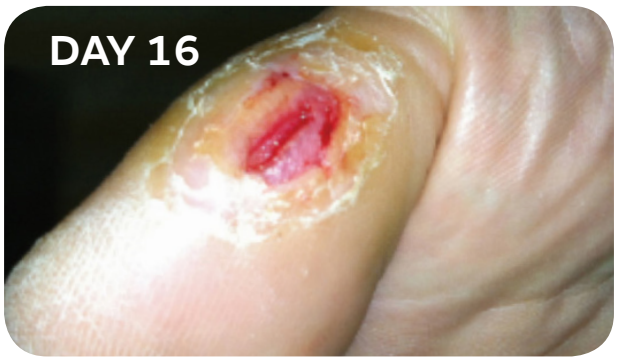


- 2.3cm x 1.5cm; 0.2cm depth
- 20% red granular and 80% yellow fibrotic
- Mild sanguineous drainage
- No odor, no infection
- Sharp debridement performed
- SANTYL Ointment initiated

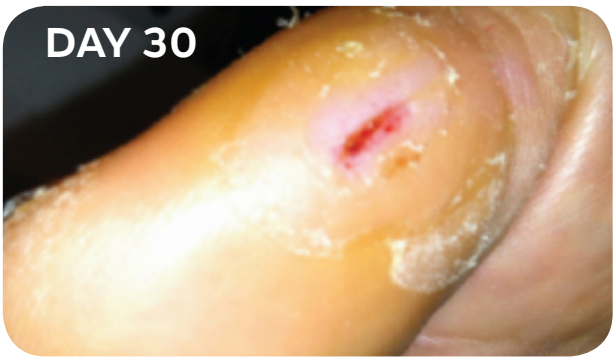
Results
Complete debridement achieved within 4 weeks.

Individual results may vary.

Treatment



- 0.8cm x 0.2cm; 0.2cm depth
- 85% red granular and 15% yellow fibrotic and hyperkeratotic margins
- Sharp debridement performed
- SANTYL◊ Ointment continued



- 0.5cm x 0.2cm; 0.1cm depth
- 100% red granular base and hyperkeratotic margins
- Sharp debridement performed
- SANTYL Ointment discontinued

Learn more

Important Safety Information

Indications: Collagenase SANTYL Ointment ("SANTYL") is a prescription-only medication indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warning and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme's activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established. **Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. For complete prescribing information, please refer to the accompanying PI or visit: https://santyl.com/sites/default/files/2019-12/SANTYL-PI.pdf. You are encouraged to report negative side effects of prescription drugs to FDA. Visit MedWatch or call 1-800-FDA-1088.

Advanced Wound Management Smith & Nephew Fort Worth, TX 76109 USA www.santyl.com T- 800-876-1261
F- 727-392-6914 ◊Trademark of Smith+Nephew ©2023 Smith+Nephew | SACE135-35268-0123