SOME SAID TO "CHOP" BUT I SAID "NO"

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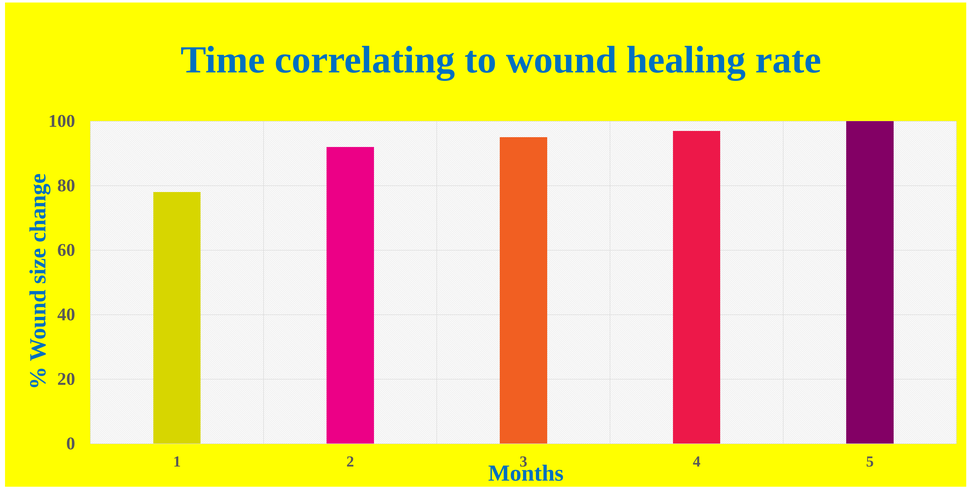
Intro

- Ulceration or **gangrenous heel with underlying osteomyelitis** is known to be the most difficult to treat. [1] Most often, this leads to primary or major amputation even if patient has adequate or palpable pedal pulses.[2]
- Factors that complicate the healing process for these necrotic heels are diabetes, PAD, presence of osteomyelitis in the calcaneus, offloading failure and history of previous BKA from the contralateral limb. [1-2]
- This case study highlighted **a success of healing gangrenous heel without undergoing surgical intervention** such as partial or total calcanectomy but only utilizing a complex combination of oral antibiotic, surgical debridement, advanced wound dressings, negative pressure wound therapy, and cellular tissue-based products (CTP).

Methods

- A 56 well-nourished year-old Caucasian male with PMH: type 2 DM, s/p of the right BKA, and PAD with significant inflow disease on LLE (per vascular, no options for revascularization)
- MRI revealed osteomyelitis of the lateral plantar aspect of the calcaneus.
- ABI of the LLE 0.57; Toe Pressure 49 mmHg; HbA1c: 6.9%
- **Treatments included:**
  - **Offloading**: PRAFO, wheelchair
  - **6 weeks of oral antibiotics** (doxycycline),
  - **advanced wound dressings** (santyl, hydrofera blue)
  - **in-office surgical debridement**
  - **negative pressure wound therapy (NPWT)**
  - **CTP** (purified collagen matrix containing PHMB, and dehydrated chorion amnion membrane) for final wound closure.

Results



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2. Jain A, Gupta G. Total calcanectomy: Treatment for non-healing plantar ulcer with chronic osteomyelitis of the calcaneus. Journal of Clinical Orthopaedics and Trauma 11: S861-S864, 2020
3. Frykberg RG, Banks J. Management of Diabetic Foot Ulcers: A Review. Federal Practitioner 16-23, 2016
4. Frykberg RG, Zgonis T, Armstrong DG. Diabetic foot disorders: a clinical practice guideline (2006 Revision). J Foot Ankle Surg **45**(5) (suppl 1): S1-S66, 2006
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Discussion

- 3 main strategies when treating DFU: identifying the at-risk diabetic foot, treatment of present infection and prevention of reulceration.[3]
- With heel necrosis and osteomyelitis, soft tissue coverage, infection and reulceration are all challenging factors.[4]
- ***Total calcanectomy*** *was* ***not*** ***considered*** as there is a potential risk for revision trans-tibial amputation, iatrogenic calcaneal gait, TNJ subluxation, decreased muscle strength of the ankle; most importantly, life-long dependency of orthosis. [2]

Per Winkler et al.

Location	Proportion of MA (%)
Forefoot	4.6
Midfoot	10.5
Hindfoot	21.1

Per Armstrong et al.

Year	Mortality Rate (%)
1	40
3	65
5	>85

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