

NOVEL AMNIOTIC MEMBRANE WOUND BARRIER IN COMPLICATED VENOUS ULCER PRIMARY

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SAWC Fall OCTOBER 2022

VENOUS LEG ULCER



START OF
STANDARD
OF CARE

6.4L X 5.6W X 0.1D (CM)



START OF
CYGNUS
APPLICATIONS

1/30/22
5.4L X 4.1W X 0.2D (CM)



LAST
CYGNUS
APPLICATION

2/14/22
FULL WOUND EPITHELIALIZATION

INTRODUCTION

82-year-old female with a history of lower leg ulcers who presented with a large, full thickness ulcer to the anterior lower leg that failed to show 50% wound closure in four weeks with standard of care. The patient has venous insufficiency, type 2 diabetes, and presented with edema on both lower extremities. This patient has had a vascular consult with no options for treatment recommended other than compression. This patient used high compression during standard of care and will continue through treatment plan. The initial wound measurements were 6.4cm x 5.6cm x 0.1cm.

METHODS

Amniotic membrane allografts derived from umbilical cord* were applied to the full thickness venous leg ulcer as a wound covering, providing protection while retaining endogenous growth factors.^{1,2} After the amniotic membrane allograft derived from umbilical cord*, a contact layer was placed over the wound and edges of the contact layer were secured with adhesive strips and the wound was covered with a non-adherent foam dressing. After the dressings were applied, high compression multilayer wraps were used.

RESULTS

The wound experienced complete closure after two applications in two weeks with amniotic membrane allografts derived from umbilical cord* and standard of care with a Duke Boot at 10-25mmHg pressure together.

DISCUSSION

This case study of a challenging chronic wound in a patient with multiple comorbidities, such as venous insufficiency, type 2 diabetes, congestive heart failure, and chronic kidney disease, demonstrated a notable rate of wound closure after amniotic membrane allografts derived from umbilical cord* applications occurred in conjunction with standard of care.

This research study is designed to test a product manufactured by VIVEX. The health care professional leading this research study receives compensation from VIVEX for services related to and unrelated to this study, including consulting services. VIVEX has used reasonable efforts to provide accurate and complete information herein, but this information should not be construed as providing clinical advice, dictating reimbursement policy, or as a substitute for the judgment of a health care provider. It is the health care provider's responsibility to determine the appropriate treatment, codes, charges for services, and use of modifiers for services rendered and to submit coverage or reimbursement-related documentation.

*Amniotic membrane allografts derived from umbilical cord - CYGNUS Max from VIVEX Biologics

1. Delcroix Gaetan J. R., et. al. "Preserving the Natural Regenerative Potential of Amniotic Membrane." VIVEX Biologics, 2017.

2. Niknejad, Hassan, et. al. "Properties of the Amniotic Membrane for Potential Use in Tissue Engineering." European Cells and Materials, 2008, vol. 15, pp. 88-89.