

Healing Wounds with Excellagen: DFU, VLU and Surgical Wound Case Studies

Arthur Tallis, DPM, FAPWCA. Robert Frykberg, DPM, MPH, FAPWCA. V. Tracy Marshall, DPM. Edward Tierney, DPM. Jaminelli Banks, DPM. Carl T. Hayden - VA Medical Center, Phoenix, Arizona

BACKGROUND

Excellagen (formulated fibrillar bovine collagen gel, 2.6%) is cleared by FDA for the management of dermal wounds including diabetic neuropathic ulcers, venous leg ulcers and dehisced surgical wounds.

Excellagen's 2.6% formulated collagen gel demonstrated accelerated tissue growth and healing capabilities as compared to SOC in a controlled, double-blinded randomized multicenter clinical study¹. Collagen is the most abundant human protein and is the principal component of the extracellular matrix and is essential for every phase of wound healing. Collagen can serve as a substrate for repair cell adhesion, migration and proliferation.

OBJECTIVE

Investigate the efficacy of Excellagen in reducing and resolving lower extremity chronic wounds.

METHODS

The case series including venous insufficient and diabetic patients with chronic non-healing wounds of the lower extremities despite conservative local wound care. Conventional therapy was replaced with bi-weekly application of Excellagen and weekly dressing changes. Weekly evaluation and photos were taken to monitor and assess wound healing. Excellagen was applied after debridement.

RESULTS

All three patients showed marked decrease in wound size with treatment and most showed complete resolution within 7-9 weeks. No evidence of active clinical infections or adverse effects occurred at any time during the treatment period.

REFERENCES

1. Formulated collagen gel accelerates healing rate immediately after application in patients with diabetic neuropathic foot ulcers. Peter Blume, DPM; Vickie R. Driver, MS, DPM; Arthur J. Tallis, DPM; Robert S. Kirsner, MD, PhD; Roy Kroeker, DPM; Wyatt G. Payne, MD; Soma Wali, MD; William Marston, MD; Cyaandi Dove, DPM; Robert L. Engler, MD; Lois A. Chandler, PhD; Barbara K. Sosnowski, PhD. Wound Rep Reg (2011) pp 1-7



12255 El Camino Real
Suite 250
San Diego, CA 92130
Tel: (858) 436-1000
Fax: (858) 436-1001
www.cardiumthx.com

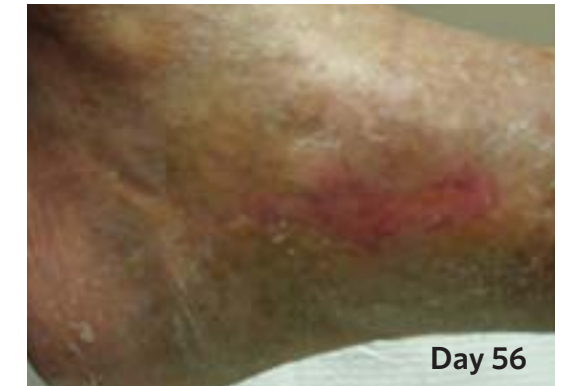
Venous Leg Ulcer



Day 1



Day 21



Day 56

62 y/o with known venous insufficiency. VLU of 13 month duration. Pt. on anticoagulants. Prior treatments: appropriate local wound care with 4-layer compression dressing.

After two applications of Excellagen.

After 4 applications of Excellagen. From Day 27 through Day 56, Unna Boot was applied for compression.

Dehisced Surgical Wound



Day 1



Day 14



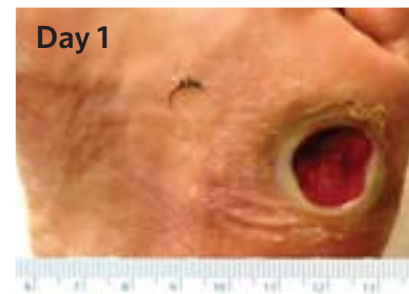
Day 27

34 y/o with post-surgical dehisced wound.

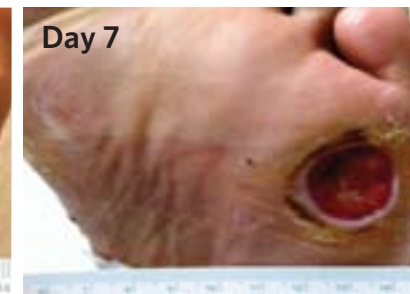
After one application of Excellagen.

After 2 applications of Excellagen.

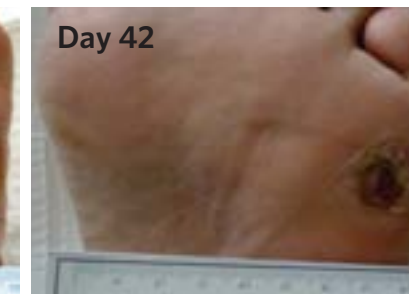
Neuropathic Diabetic Foot Ulcer



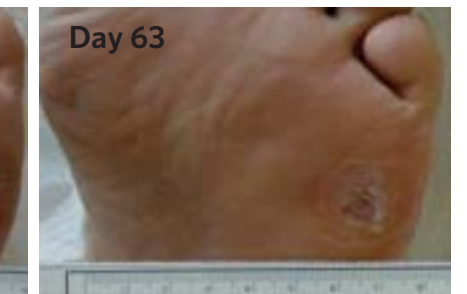
Day 1



Day 7



Day 42



Day 63

59 y/o DM2 w/ peripheral neuropathy. Ulcer present for 8 months. History of MRSA. Treated with PO ABX for 21 days prior to initiation of treatment with Excellagen.

After one application of Excellagen. Debridement performed and off-loading with cut-out 1/4" felt pad and DH Walker.

After 3 applications of Excellagen. Continued therapy, debridement, off-loading.

After 5 applications of Excellagen.

Originally presented at the Desert Foot High Risk Diabetic Foot Conference 2012.