Case presentation: how do I combine wound care with revascularization?

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“The miracle of the salvaged foot”
Cappella Portinari, S. Eustorgio Church
Milan, Italy
Disclosure

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In the last 2 years I have the following potential conflicts of interest to report:


Virtual shareholder: Limflow
- 8 yo → T1DM
- 42 yo → blindness
- 44 yo → ESRD-HD
- 45 yo → AMI (PCI)
- 48 yo → CLI onset
- Pain at rest
- Suffering of 1-2 toes
+ 4 months → Jun 2017

- Persistent pain at rest
- Suffering of 1-2 toes, 1 falanx osteomyelitis
Pre-dilatation UB 1.5 mm
- No pain
- Complete healing
+ 6 months → April 2018

- Pain during dialysis
- New infected ulcer

- 14 months after TPT-PER & AT DCB PTA
- 10 months after DPA DCB PTA
- Increasing pain at rest
- Suffering of 1-2-3 toes
Dec 2018 → post pDVA
Waiting for TcPO2 increase and wound demarcation

- Persistent pain at rest
- Suffering of all toes
3 Jan 2019 ➔ 1 months after pDVA

- Pain at rest +++
- Suffering of all toes
- TcPO2 5 mmHg
Arterialized circuit focalization to the forefoot
Jan 2019 → post DVA focalization

21/01/2019

- No more pain!!!!
- Wound demarcation?
1. What is the life expectancy of this patient? 1-2-3-4-5 years?

2. Do you think that a primary major amputation would have been the best choice? (blind pt!)

3. The target is **independence**:
   - He wants to walk at home and, sometimes, a little bit outside
   - *He wants to go to the toilet by himself!*
SAD is a major determinant of CLI

The progressive desertification of the distribution system of the foot is the main responsible of tissue suffering
What to do now?

- *Is timing correct?*
- *TMT amputation? Prox/dist?*
- *Critics!***
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