

MAXIOCEL – 100% CHITOSAN WOUND DRESSING ON DIABETIC FOOT INFECTION (AMPUTATION)

Center

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Patient details	45 years , Male
Comorbidities	Diabetes & Hypertension
Patient symptoms	K/c/o DM, uncontrolled
Diagnostic Evaluation	Presented with DFI involving right great toe with exposed tendon and osteomyelitis of phalangeal bones. Vascularity was normal.
Confirmed	Severe diabetic foot infection
No of Maxiocel used & Duration	5 Maxiocel ; results received in 2 weeks



Course of wound healing with Maxiocel over 2 weeks

Result

Patient Outcome with Maxiocel	Ease of Application / Removal	Anti-microbial barrier	Wound adherence	Conformability	Wound scar improvement	Pain management
Excellent						
Good						
Fair						
Poor						

Discussion

- The management of DFI include wound debridement and drainage, antimicrobial therapy, pressure offloading, and appropriate wound dressing as the mainstays of treatment. Additionally, providing coordinated management which utilizes multidisciplinary foot teams consisting of a diabetologist, an infectious disease specialist, a surgeon, a podiatrist, and other specialists with skills relevant to managing DFI has been shown to improve outcomes.^{1,8} Even with current treatment, diabetic foot ulcers are still a leading cause for amputation, accounting for approximately 85% of all lower extremity amputation cases, with the presence of infection increasing the chance for amputation by 50% compared to patients with uninfected foot ulcers.
- MaxioCel is a non-woven microfibre dressing made up of 100% Chitosan, is highly absorbent antimicrobial dressing with pain reduction and scar improvement properties. It can be used for moderate to heavily exuding wounds of varied depth, shape and size.
- Overall, MaxioCel was also found to be an excellent chitosan wound dressing in patients suffering from Femoral DVT