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CASE STUDY I Polymyalgia Rheumatica (PMR)

Patient background and wound history

81-year-old female suffering from Polymyalgia rheumatica (PMR) with a history of Deep Vein Thrombosis (DVT). Signs of venous insufficiency.

Patient Suffered from an injury wound in her left calf.

Prior to MedCu Copper Dressing Management

The necrotic tissue was debrided and treated with Aquacel Ag.

After 2 weeks the edges of the wound were necrotic, without signs of infection. The edges were debrided and the wound was covered with a regular dressing. The wound continued to be treated daily with Dermacombin cream, an anti-inflammatory cream.

Three weeks later additional debridement was performed. Wound continued to be treated with Aquacel Ag (with daily dressing change) and compression dressings.

During all the above periods, the patient was asked to keep her leg raised at any time of rest.

However, there was no significant improvement in the wound condition.

After four months the 32 sq cm wound seemed to be infected and filled with fibrin.

MedCu management

MedCu dressings were applied.

1st week:

- Fibrin tissue -no longer present
- Wound was filled with granulation tissue
- Wound size reduced by 16% (27 sq cm)

2 weeks: wound size reduced by 60% (13 sq cm)

4 weeks: wound size reduced by 90% (3 sq cm)

Clinical outcome

After 4 months: The wound was solidly closed.



Before MedCu Dressings



1 week



2 weeks



4 weeks



4 months: wound solidly closed

“It prevents both local and systemic infection and even destroys infection. We also witness shorter healing duration which reduces rehabilitation duration.”