

ALLOGRAFT IN THE TREATMENT OF NONHEALING SKIN ULCERS

Giovanni Mosti, A. Magliaro, ML Iabichella, P Picerni, V Mattaliano

Clinica M.D. Barbantini, Pietrasanta (LU), Italy

Aim: To investigate if allograft is effective in promoting ulcer healing in patients affected by hard-to-heal ulcers.

Methods: From September 2001 to September 2007 we treated 234 patients affected by 628 ulcers bigger than 50 cm² and lasting for more than 6 months despite a proper treatment including moist dressings and inelastic compression.

98 were affected by venous insufficiency, 69 by arterial disease (18 of whom by critical limb ischaemia), 25 by both, 27 by vasculitis; 15 patients showed no clinical vascular disease; ulcer's surface was cm² 233±203 (50-1000 cm²); the duration of ulcers was 36,6±72,5 (6-480) months. Skin graft was performed after ulcer debridement by means of moist dressings and/or Versajet; in 131 patients the graft was repeated; therefore 601 grafting procedures were performed; cryo-preserved skin was applied in 520 procedures; glycerolate-preserved skin in 81.

Results: After grafting procedure 3 patients were lost at follow-up; 14 were amputated after grafting failing; 9 died; the results refer to 208 patients who completed the protocol. 183 patients (88%) healed; 22 patients (10,6%) improved; 3 (1,4%) patients remained unchanged or worsened; ulcer pain and secretion ceased in 65% and 52% of patients, decreased in 31% and 47% and remained unchanged in 4% and 1% respectively.

We didn't notice any adverse reaction.

Conclusions: Allograft is very effective in promoting ulcer healing. In our case report it induced healing or improvement of 91% of patients; ulcer pain and secretion were stopped or reduced. The treatment is repeatable, safe and not expensive also if some problems could be difficult to solve: skin banks are not widespread throughout the country and sometimes the available skin doesn't fit the surgeon requirements.