

SUCCESSFUL MANAGEMENT OF A REFRACTORY PYODERMA ULCER USING FASTSKIN® PATCH: A CASE STUDY

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Background

Pyoderma ulcers are uncommon and complex inflammatory wounds characterized by painful ulceration, irregular undermined borders, and delayed healing leading to poor quality of life.

Management is often complicated by pathergy, chronic inflammation, and intolerance to any mechanical stress, including frequent dressing changes. Advanced wound systems that can provide barrier protection and reduce pain, while supporting granulation and epithelialization, may offer clinical benefits in this patient population.

This report describes the clinical course and progression of a patient with a refractory pyoderma gangrenosum ulcer treated with FastSkin® Patch, a self-supporting autologous whole blood clot.

Patient History

The patient is a 70-year-old female who first presented in June 2024 with a new ulcer on the left anterior leg. The ulcer was clinically diagnosed as a vascular ulcer and was managed accordingly.

A comprehensive vascular evaluation was performed including arterial and venous studies, followed by appropriate vascular interventions. She was treated for a year as a vascular ulcer.

She underwent weekly sharp debridement and standard topical wound care with compression therapy. Despite aggressive and appropriate vascular management, the ulcer progressively worsened.

She then developed multiple other ulcers in different locations. The new ulcers had a typical violaceous border which is consistent with pyoderma gangrenosum.

At this point a diagnosis of pyoderma was made for the leg ulcer and she was started on high-dose steroids for systemic therapy. She was unable to tolerate high dose steroids due to problems controlling her blood glucose.

After being referred to a dermatologist, she was approved and started on adalimumab systemic therapy. In parallel, a variety of different topical treatments were tried, including triamcinolone cream, tacrolimus ointment, numerous different advanced wound dressings, and negative pressure wound therapy. None of these treatments were found to be effective.

Her wound continued to worsen and she reported severe pain and tenderness with the leg ulcer resulting in limited mobility and low quality of life.

At this point FastSkin Patch became available as a treatment option. The patient agreed to treatment which included weekly applications of FastSkin® Patch.



Figure 1. Self-supporting autologous blood clot placed on wound.

Methods / Case Presentation

Patient is 70-year-old female presented with chronic painful pyoderma ulcer on the left anterior leg, measuring approximately 6.0 cm x 5.0 cm x 0.3 cm, with erythematous and blanchable periwound margins, copious exudate, and delayed granulation despite standard wound care. There were no clinical signs of systemic infection.

Due to delayed healing and symptom burden, FastSkin® Patch was initiated, a fully autologous whole blood clot wound covering designed to protect the wound bed and support tissue regeneration.

The self-supporting autologous whole blood clot was placed directly onto the wound bed as part of routine wound care. The clot was generated at the point of care and conformed to the wound geometry prior to placement under standard secondary dressings. Dressing changes were performed weekly to minimize disruption to the wound bed. No additional advanced topical therapies were introduced during the treatment period.

Over a 12-week treatment period, progressive reduction in wound size was observed, resulting in approximately 98% reduction in wound area compared with baseline measurements. During the same period, the patient reported resolution of wound-associated pain and improvement in mobility and overall quality of life.

Conclusion

Although complete epithelial closure had not occurred at the end of the observation period reported here, the wound demonstrated substantial contraction with a stable wound bed. Application of the FastSkin® Patch provided atraumatic coverage of the wound surface while allowing adaptation to wound dimensions during routine dressing procedures. The substantial reduction in wound size and improvement in pain and quality of life observed in this case highlight the potential role of FastSkin® Patch as part of the management of these complex inflammatory ulcers. Further prospective studies are warranted to evaluate clinical outcomes in larger patient populations.

| Timeline | Wound Area | % Reduction | Wound image |
|-------------------|-----------------------|-------------|-------------|
| Baseline / Week 1 | 30.00 cm ² | - | |
| Week 3 | 29.00 cm ² | 3.3% | |
| Week 6 | 25.52 cm ² | 14.9% | |
| Week 9 | 1.3 cm ² | 95.7% | |
| Week 12 | 0.6 cm ² | 98% | |

