



Coverage of exposed Achilles tendon

Patient suffers from an ulcer on the Achilles heel lasting more than one month. There is progressive exposure of the Achilles tendon and equinus foot due to lack of use. Patient comorbidities include type 2 diabetes mellitus treated with an oral hypoglycemic. Hyalomatrix[®] is applied to the surgical wound to build granulation tissue prior to split-thickness skin graft application.

Day 1:

Surgical debridement of the ulcerative lesion with exposure of subcutaneous tissue and vital Achilles tendon. The z-lengthening was carried out in open surgery, and the equinus foot corrected.

After debridement of the lesion, endoluminal revascularization (PTA) was carried out for severe obstructive disease of the limb vessels, with excellent hemodynamic success (TcPO₂ initial: 23mmHg, final: 42 mmHg).

At the end of the surgery, Hyalomatrix[®] was applied over the surgical site with the exposed tendon.



Day 20:

The Hyalomatrix[®] protective silicone layer is removed to inspect the wound bed. There is formation of a neodermis over the exposed Achilles tendon with re-epithelialization of the wound edges. The area of the lesion has been significantly reduced and is now prepared for application of a split-thickness skin graft.



A split-thickness skin graft was applied for the final closure of the wound.

Final result:

The use of Hyalomatrix[®] on the surgical wound allowed for excellent reconstruction of a neodermis with coverage of the Achilles tendon that maintained function. The rapid re-epithelialization from the edges significantly reduced the size of the skin graft used to close the lesion.

