Limb salvage of necrotic foot

Patient with type 2 diabetes mellitus reported pain to the sole accompanied by fever and leukocytosis. Objective examination showed a fluctuating tumefaction to the left meso-retro foot.

**Infection management:**
Wide-scale debridement performed, showing infection of the sub-fascia compartment of the sole, with osteomyelitis of the 5th toe to the base of the metatarsus. The 5th toe was amputated, thereby exposing the cuboid.

**Day 1:**
After managing the infection, the joint surface of the cuboid was removed, exposing a bleeding spongy bone. Hyalomatrix® was applied to the surgical wound, fixed by means of metal staples and moderately compressive bandages. The wound was monitored on a weekly basis.

**Day 21:**
Upon removal of the transparent protective film, the bone exposure was completely covered with the formation of abundant new compact granulation tissue supporting re-epithelialization from the edges. While awaiting a split-thickness skin graft, the lesion was treated with standard of care.

**Day 30:**
As a complete reconstruction of the plantar area was obtained, a split-thickness skin graft was performed to cover the residual ulcerative lesion.

**Day 50:**
100% take of the graft.

**Final result:**
The use of Hyalomatrix® allowed for successful reconstruction of the plantar and lateral areas of the foot previously surgically excised to control infection. This technique avoided proximal amputation of the forefoot allowing for successful limb salvage.

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