CASE OF THE MONTH-JULY 2026	
HealthTech WOUND CARE A LEVARIS COMPANY	**Clinical**
Document Number	HT-CLN-MKT-36
Revision	0

CASE OF THE MONTH

Patient Overview

A 53-year-old Caucasian male presented with a medical history including paraplegia, unsteady gait, hammer toe, mild intellectual disability, lumbar spondylosis, brain atrophy, developmental delay, insomnia and major depression. The patient denied tobacco, alcohol, and illicit drug use; no known allergies; current medications include Lexapro, Bactroban, Carmol 40, and iron.

Presentation

The patient exhibited a chronic, non-healing Stage 4 pressure injury of the right buttock, wound onset April 11, 2025. At the time of evaluation, the wound had been present for nearly 8 weeks duration.

Failed Standard of Care

The wound was managed with standard of care including selective sharp debridement's, medihoney, calcium alginate, mupirocin, boarded foam dressings, and offloading. Despite more than four weeks of standard of care management, the wound failed to progress toward healing. Given the lack of response to standard of care, the patient was determined to be an appropriate candidate for advanced wound therapy using DermaBind full-thickness placental membrane.

Treatment

The wound bed was thoroughly cleansed with a wound cleanser. A full-thickness DermaBind placental membrane allograft was applied to the wound bed. The graft was then covered with Adaptic and a bordered foam dressing was placed to protect the site and maintain an optimal environment. The patient was seen weekly for clinical assessment and application if deemed appropriate.

Findings

The patient received a total of ten DermaBind applications at weekly intervals. An average of 6.7 days between visits. Following clinical reassessment at week 10, the provider discontinued treatment and documented 100% re-epithelialization.

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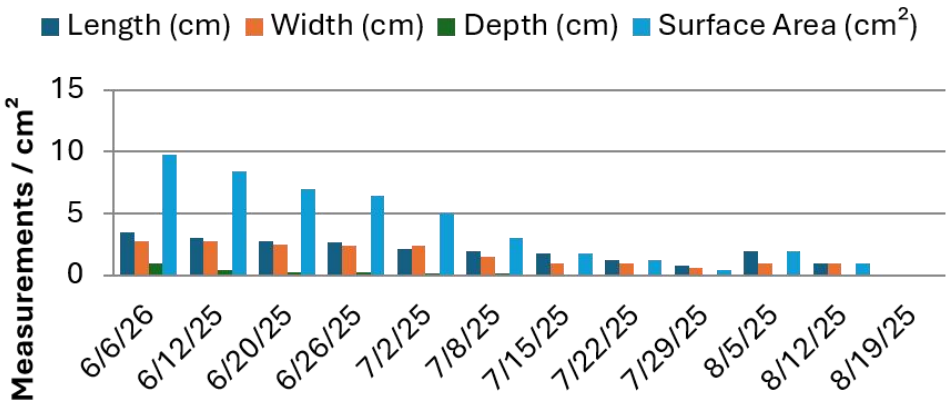
Wound Observations

Wound measurements over time — allograft application: DermaBind



Date	Allograft Application	Length(cm)	Width (cm)	Depth (cm)	Surface Area (cm^2)
6/6/26	N/A	3.5	2.8	1	9.8
6/12/25	DermaBind	3	2.8	0.4	8.4
6/20/25	DermaBind	2.8	2.5	0.3	7
6/26/25	DermaBind	2.7	2.4	0.3	6.48
7/2/25	DermaBind	2.1	2.4	0.2	5.04
7/8/25	DermaBind	2	1.5	0.2	3
7/15/25	DermaBind	1.8	1	0.1	1.8
7/22/25	DermaBind	1.2	1	0.1	1.2
7/29/25	DermaBind	0.8	0.6	0.1	0.48
8/5/25	DermaBind	2	1	0.1	2
8/12/25	DermaBind	1	1	0.1	1
8/19/25	N/A	0	0	0	0

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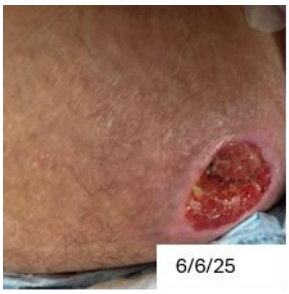
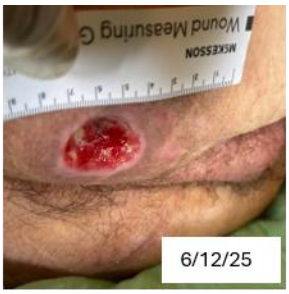
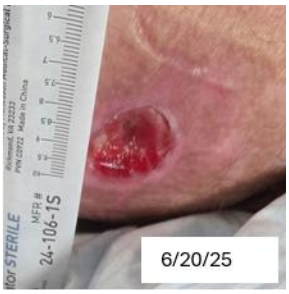
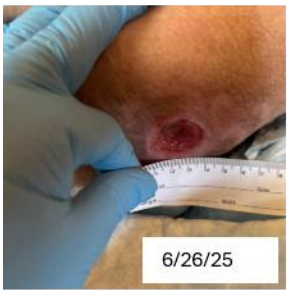
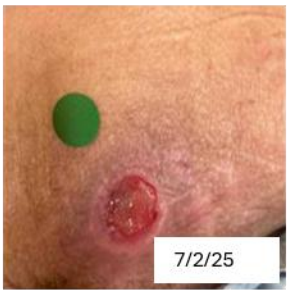
Before & After Wound Images

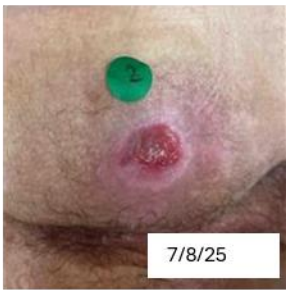


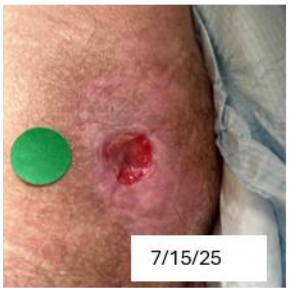


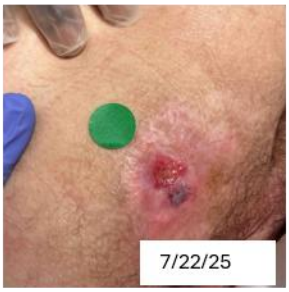


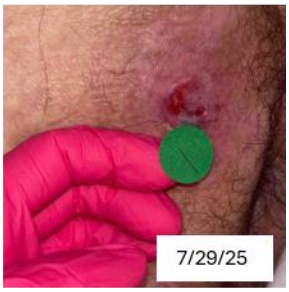


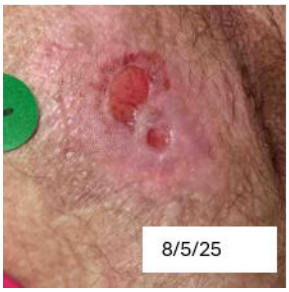


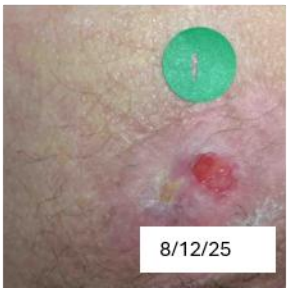


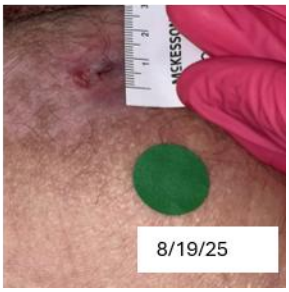












Ethical approval and patient consent

Institutional Review Board approval was not required for this one patient case as patient had already been treated by their provider with DermaBind based on medical necessity and failed conservative treatment. Patient consent was obtained by their provider for the use and release of deidentified data, and publication of photographs/images.

References

Mendivil, J., McMahon, A. E., Ojelade, O. T., Hobson, K., Marballie, M., Alvarez, S., Adu-Aboagye, V., Chiamba, G., Gowdie, D., Landrum, W. E. II, Alzindani, A., Yazdani, H., Petty, G., Simard, M.-C., Schmid, D., & Meadors, J. (2025). Clinical use of DermaBind TL/FM as a wound covering for hard-to-heal wounds of various aetiologies: A case series. *Journal of Wound Care, 34*(11). https://doi.org/10.12968/jowc.2025.0448

Provider Information

Provider Name: Abby E McMahon, NP