Ramesh C. Karipineni, M.D. FACS, FICS. FACA, CPE, MBA General Surgery Vascular Surgery\* amscopic Surget)' LOMATE AMERICAN ARD OF SURGERY

Kranthi K. Achanta, M.D. General Surgery Vasc11/ar Surgery DIPLOMA TE AMERICAN BOARD OF SURGERY

Prasad G. Kilaru, M.D. Cosmetic Surgery, Hand Surgely Plastic & Reconstructive Surgery DIPLOMATE AMERICAN BOARD OF SURGERY DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

Shakira **B.** Karipioeoi, M.D. F.A.C.O.G

Ob/Gyo, High Risk Obstetrics, Infertility & Laparoscopic DIPLOMATE AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Padma Kudaravalli, M.D. Internal Medicine DIPLOMA TE AMERICAN BOARD OF INTERNAL MEDICINE

Raghu **R.** Katragadda, M.D. Back, Cancer Pain Specialisr DIPLOMATE AMERICAN BOARD OF ANESTHESIOLOGY FELLOWSHIP IN PAIN MANAGEMENT

Eduardo S Kneler, M.D Gynecology. Infertility Diplomate American Board Of Obstetrics& Gynecology



July 10, 2006

Patient Name: LD

This is a 78 year old male with a history of diabetes mellitus and venous stasis disease. He had a previous open wound over the right lateral leg that was treated for several years with debridement, multiple skin grafts, OASIS and Unna boot dressings with unsuccessful results.

Following the Silvasorb gel dressing, as of 11/29/05, the patient was noted to have two wounds  $5.5 \times 7 \times 0.3$  cm and  $0.5 \times 0.2 \times 0.1$  cm at which point HELICOLL collagen wound matrix was applied after the wound was debrided. By 12/26/05, the smaller wound had closed up and the larger wound was reduced to  $4.2 \times 1.2 \times 0.2$  cm.

On 01/30/06, it measured 3 x 1 x 0.2 cm. On 03/02/06, it measured 2 x 0.3 x. 0.1 cm. On 04/10/06, it measured 2 x 0.4 x. 0.2 cm.

By 05111/06, the wound was completely healed and the patient was discharged from the wound clinic on 05/22/06.

The first time the patient bad a similar wound it took almost 3 years for the wound to heal – including the use of OASIS wound matrix, skin grafts, and repeat Unna boot dressings. This time the wound healed in less then six months after starting the HELICOLL dressing.



Before HELICOLL

After **HELICOLL** 

The results indicate a closure of the wound in this case from 37.5 sq. cm to complete healing within 25 weeks of treatment with the HELICOLL collagen wound dressing. These results may indicate that HELICOLL collagen dressings can expedite healing of chronic ulcer-wounds. Further clinical studies are required to confirm this healing rate of wounds and the effectiveness of HELICOLL.

Prasad G. Kilaru, M.D.

Ramesh C. Karipineni, M.D. FACS, FICS, FACA, CPE. MBA General Surgery Vasrn/ar Surgery A.aroscopic Surgery - LOMATEAMERICAN BOARD OF SURGERY

Kranthi K. Achanta, M.D. General Surgery VascularSurgery DIPLOMATE Át'vIERICAN BOARD OF SURGERY

Prasad G. Kilaru, M.D. Cosmetic Surgery, Hand Surgery Plastic & Reconstructive Surgery DIPLOMATE AMERICAN BOARD OF SURGERY DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

Shakira B. Karipineni, M.D. F.A.C.O.G

Ob/Gyn, High Risk Obstetrics, Infeniliry &Laparoscopic DIPWMATE AI\'IERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Padma Kudaravalli, M.D. Internal Medicine DIPLOMATE AI\1ERICAN BOARD OF INTERNAL MEDICINE

Raghu R. Katragadda, M.D. Back, Cancer Pain Specialist DIPLOMATE AMERICAN BOARD OF ANESTHESIOLOGY FELLOWSHIP IN PAIN MANAGEMENT

Eduardo S Kneler, M.D Gynecology. Infertility Diplomate American Board Of Obstetrics& Gynecology



Patient name: TF

This is an 85 year old male with a history of sclerodenna. He had an open wound over the posterior aspect over the left leg for over seven years. It initially started as a small scar and subsequently got larger. The patient was diagnosed with scleroderma and was treated for this. He had been on steroids and was apparently on methotrexate. The patient had had skin graft as well as Apligraf and had multiple applications of Apligraf without much improvement in his condition. He had VAC dressing changes, Unna boots, and at the time of initial presentation in 07/05 was being treated with Bactroban ointment. He was initially treated with Silvasorb gel dressings to the ankle. He was originally seen on 07105105 and at that time the right ankle wound measured  $6.5 \times 4 \times 0.3$  cm. He was seen on 08/22/05 and had been started on Unna boot dressings at that time. At that time, the wound measured 7 x 3.5 x 0.2 cm. He had calcium alginate dressings with the Unna boot starting on 09106105. The wound measured  $6.7 \times 3.5 \times 10^{-10}$ 0.2 cm at that time. We then tried Panafil ointment, Kaltostat and Unna boot dressings. On 10110/05, the wound measured 6.0 x 3.5 x 0.2 cm at that time. We then tried OASIS wound matrix along with the Unna boot and on 11/07/05 the wound measured 5.5 x 3.5 x 0.2 cm at that time. The patient was started on helical collagen wound matrix on 11/14/05, and the wound measured 5.2 x 3.5 x 0.2 cm with an area of 18.2 sq. cm. On 01/02/06, the wound measured 4.8 x 3.0 x 0.1 cm. On 03/02/06, the wound measured 4.5 x 3 x 0.1 cm. On 4/10/06 the wound measure 4.3 x 2.5 x 0.1 cm. On 5/11/06 the wound measured 3.9 x 2.9 x 0.1 cm. On 06/29/06 the wound measured  $3.5 \times 2.5 \times 0.1 \text{ cm}$  (8.75 sq. cm).



Before HELICOLL

After HELICOLL

So for 7 years the wound had been roughly the same size despite multiple treatments at two different wound care centers. After 7 months with the HELICOLL dressing, we were able to reduce the size of the wound in half (7.5x 3.5 x 0.2 cm to 3.5 x 2.5 x 0.1 cm). In this more complex case, it is calculated at >52% healing of the wound with the use of HELICOLL collagen matrix dressing on a non-healing chronic ulcer wound within the time period given above. These results indicate that the HELICOLL collagen dressing may be able to expedite the healing of chronic ulcer-wounds. Further clinical studies are required to confirm this healing rate of wounds and the effectiveness of HELICOLL.

Prasad G. Kilaru, M.D.

July 10, 2006