

Wound Sleuth

By François Harton, DPM, FACFAS

Red and Swollen Hallux Seeping Fluid

History

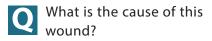
A 56-year-old male presented to the clinic with a wound to the medial aspect of the right hallux, which is draining serosanguineous fluid (Figures 1 and 2). He mentions that he was out camping for the week, and at the end of the week his big toe became red and swollen. Within 24 hours it had opened and started draining. He went to the local ER where the wound was cultured. X-rays were taken and the patient was placed on IV cefazolin. He has insulin-dependent



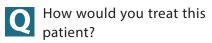


Figures 1 and 2: Wound on the medial aspect of the right hallux

diabetes mellitus (IDDM) and has a history of hypertension (HTN), dyslipidemia, arrhythmia and hypothyroidism.



This patient has gout, a condition where uric acid crystals (tophi) are present in the joint, often causing significant pain. As one can see from the X-ray (Figure 3) there is erosion of the medial IP joint of the hallux. Unfortunately, this patient did not have a uric acid level taken. A bone biopsy was done and sent to pathology along with a bone culture, as originally osteomyelitis was high on the list of differential diagnoses. At the same time, a specimen was sent in alcohol to rule out gout. The test result was positive.



First, the acute gout attack has to be calmed down.
Since the patient is on an anticoagulant for his arrhythmia,
NSAIDS would not be very prudent. Local injection with a steroid could be considered, but if



Figure 3: X-ray showing erosion of the medial IP joint of the hallux

the area is infected it could make the infection worse, so caution is necessary. Local wound care, proper diet to reduce the deposition of uric acid and possibly a change in medication to avoid hydrochlorothiazide for his hypertension could all be helpful in relieving the gout and helping the wound heal.

The take-home point here is that not all diabetic ulcers are caused by pressure, and other underlying causes should be investigated. A proper and thorough evaluation of the patient and their medical condition is important in the assessment and healing of all wounds.



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References

- Gabriel A, Camardo M, O'Rorke E, Gold R, Kim PJ. Effects of Negative-Pressure Wound Therapy With Instillation versus Standard of Care in Multiple Wound Types: Systematic Literature Review and Meta-Analysis. Plast Reconstr Surg. 2021 Jan 1;147(1S-1):68S-76S. doi: 10.1097/PRS.000000000007614. PMID: 33347065.
- 2. Camardo, Mark. "Veraflo Meta-Analysis Standardized and Non-Standardized Means.", 3M Internal Report, San Antonio, Texas, 2020.

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