CASE SERIES
Significant Outcomes Healing Edematous Dign Wounds

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Wound edges with epibole.

Wound Measurement: 0.9cm x 0.9cm x 0.3cm taken at night.

decrease edema with prior wound management. Oral pain medication

Pain 8 (0-10) scale with dressing change. Difficult to bandage toe and

fracture 46%.

Angiogram demonstrated 50% blockage to left lower extremity, ejection

Patient with decreased perfusion and having intermittent pain.

Arterial ulcer on medial 4th toe

Initial application of silver PMD dressing

Wound edges with epibole.

falling off.

Constant pain 3 (0-10) pain scale. Band-Aid kept

the bandage and unable to get good

range of motion due to bulkiness of

had been recommended. Patient

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healed in just 35 days,

Epibole resolved in 14

weeks.

Epibole is also described as a wound having closed

edematous wounds. Epibole develops when the edge of the

wound is in the equator (lower edge) of the systamatic. As a result, epithelial cells cannot migrate from the wound edges to help

close the wound.

Objects

1. Describe edema, a factor that can impair wound care.

2. Identify challenges using traditional wound care.

3. Describe wound management of digit wounds.


5. WeIr WR,  Plevy PE. Wound healing a biomechanical perspective. Physiol Rev. 2000; 80: 715-748.


