

by Marcus Duda, MD,
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Marcus Duda, MD,
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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. I am a 60-year-old woman who has had a problem with swelling and discoloration of the skin in my lower legs for years. A few months ago, I bumped into the coffee table in my living room, causing an ulcer on my leg. The ulcer hasn't healed, and I am getting very concerned. There is drainage and redness around it. What can I do?

A. Ulcers of the lower leg are a common medical problem throughout the world. The causes of the ulcer are usually multiple medical problems. These medical conditions may include diabetes, neuropathy, poor circulation, varicose veins and rheumatologic problems.

About one million people in the U.S. have chronic lower leg ulcers that are associated with varicose veins. The annual cost of treating these chronic venous leg wounds in the U.S. is approximately \$25 million.

The ulcer you described in your question is probably a chronic venous leg ulcer. You should see a physician to have it evaluated. The current standard of care for chronic venous leg ulcers includes compression of the leg and debridement of the wound. The compression is usually provided by weekly multilayer compression wraps from the knee to the toes, which are changed weekly in the doctor's office. The wound care includes removing the dead tissue and using a wound dressing to help the body kill the bacteria and remove drainage from the wound.

With this combination of compression and wound care, 50 to 60 percent of leg wounds will heal. Advanced care for chronic wounds may include antibiotics taken by mouth or applied directly to the wound, artificial skin grafts, venous surgery or negative pressure dressings.

Currently, I am working on a compression sock that would address all the issues of chronic wound healing in a single device. The sock would be easy for the patient to change at home without requiring doctor visits. It would provide the proper graduated compression to promote improved circulation. The sock would decrease the level of bacteria to help wound healing, and it would help to draw away the inflammatory drainage that harms wound healing. Most importantly, the sock would be comfortable to wear in all weather conditions. The continued use of the sock after the wound has healed would prevent wound recurrence and promote health.

I am excited to be working in the field of wound care to help improve the quality of patients' lives, minimize time spent in the doctor's office, and decrease the pain associated with these chronic ulcers.