



The Use of Topical Wound Oxygen Therapy (TWO₂) and **Grafix Prime** Mesenchymal Stem Cells for Chronic Severe Venous Stasis Ulcerations

This is a case of a 77 yr/o Male with a Hx of CHF, Afib, COPD, HTN, GERD who presented with recurrent Stasis Ulcerations for the last 40 years. For the last 15 months, the patient has not been able to heal the ulcers and can not wear compression hose due to discomfort and drainage.



Left Leg:
 Venous Stasis Ulcerations x2
 Grade IIA: 11.2 x 5.5 cms / 8 x 4 cms
 Radiographs: unremarkable
 WBC 6.2, Sed Rate 20, CRPH .8
 ABt Right .70 Left .68
 Venous Duplex Scan: Negative
 C&S: S. aureus (negative MRSA)
 Keflex 250 QID x 14 days

Treatment and Methodology: The 2 large stasis ulcerations of a non-viable, dry wound bases. Topical Wound Oxygen was initiated first for 90 minute sessions bid followed by Santyl dressings. Wound Conversion took place approximately 5 weeks afterwards where the wound base became granular and **Grafix Prime** was applied. Of special note was the immediate decrease in pain and restoration of normal skin coloration about the ulcerations.

CONCLUSION: The **Grafix Prime** Mesenchymal Stem Cells were left in place during the TWO₂ treatments and changed weekly. The wound fully healed at 13 weeks and the patient was then sized for custom hose. Both Modalities worked extremely well in this case study and should be highly considered in the treatment of chronic venous stasis leg wounds.

