Amniotic fluid infiltration

Ischemic pain and progression of dry gangrene at presentation. Infiltration of amniotic fluid on 1-26-16, 2-16-16, 2-23-16 and 3-02-16. Granular tissue formation after 2nd infiltration. Significant ischemic pain reduction reported after 2nd infiltration. Treatment provided on a compassionate care basis.

Wound care consisted of debridement and use of MicroMatrix and Oasis to promote granulation and epithelialization.

Conclusion

Amniotic fluid infiltrated alongside the occluded major arteries to the foot induces new vessel formation to occur. These new vessels revascularize the foot – relieving ischemic pain and allowing wounds and necrotic tissue to heal. Long term survival is demonstrated.

This is a novel non-surgical technique that shows promise for some patients where surgical approaches are not appropriate.

This concept was inspired by an IRB approved trial that was under way at the time.

References


The author has no financial interest in any product used during the course of treatment.

These findings are based on the experience of the author and do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.