Case Study no. 17 – Supporting Cleansing of a Chronic Mixed-Etiology Ankle Ulcer

Patient
75-year-old male patient with known chronic vascular insufficiency.

Clinical
Chronic ulcer located at the ankle, present for several months. The ulcer was caused by a combination of arterial insufficiency due to failure of small capillaries at ankle level (atrophie blanche) and underlying venous insufficiency.

Challenges
Mixed arterial and venous pathology resulted in fragile periwound skin and delayed healing, requiring effective wound hygiene without compromising already impaired microcirculation.

Brush Solution
Gentle and controlled mechanical cleansing enabled safe hygiene of the wound surface while respecting vulnerable microvascular tissue.

Clinical Outcomes & Rationale
Careful mechanical cleansing supported removal of surface debris and exudate without inducing additional ischemic stress. Maintaining a clean wound environment facilitated gradual wound progression and ultimately resulted in complete wound closure. This outcome supported safe continuation of vascular-focused wound management in a complex mixed arterial–venous ulcer.

"Controlled cleansing supported wound closure in a complex mixed arterial–venous ankle ulcer."

