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PLASTIC AND RECONSTRUCTIVE SURGERY  
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CLINICAL CASE REPORT

**Patient: LC**

Patient is an 86 year old male whose right ankle was injured May 2006. He had a previous bullet wound of the same area with fracture of the tibia and fibula in 1942 during World War II.

Treated for two months by personal physician with soaks and dressing changes with no improvement in size or degree of pain.

First seen by me on **June 8, 2006**. Treated in my office for three months with chemical and mechanical debridement, dressing changes and venous support with no improvement of severe pain or size of defect. Base cleaned. Dorsalis pedis pulse is good. Defect: 3.3 x 2.3 cm.

**Sept. 18, 2006:** Helicoll applied for the first time after soaking it in saline for 5 minutes. Defect size 3.5 x 3.4 cm.

**Sept. 28, 2006:** Helicoll changed. Pain markedly improved. Defect 3.5 x 2.5 cm.

**Oct. 11, 2006:** new Helicoll. Defect 3.0 x 2.1 cm.

**Nov. 2, 2006:** new Helicoll. Defect 2.5 x 1.4 cm.

**Nov. 21, 2006:** new Helicoll. Defect 1.9x 1.1 cm.

**Dec. 18, 2006:** Healed with a raised area.

**Jan. 9, 2007:** Completely healed.

**June 11, 2007:** Remains healed, pain free.

Helicoll accomplished much faster improvement than any other modality. The most dramatic improvement in his pain occurred immediately after application of the Helicoll.

Helicoll appeared to be a significant addition in the treatment of this difficult wound.

**RICHARD A. KAHN, M.D.**

Dated: January 29, 2008