Venous Leg Ulcer



PATIENT: 92 y/o Male

MEDICAL HISTORY: Congestive heart failure (CHF), hypertension (HTN), peripheral vascular disease, chronic cellulitis, and a prior hospitalization for left lower extremity abscess. Past surgical history includes vein ligation.

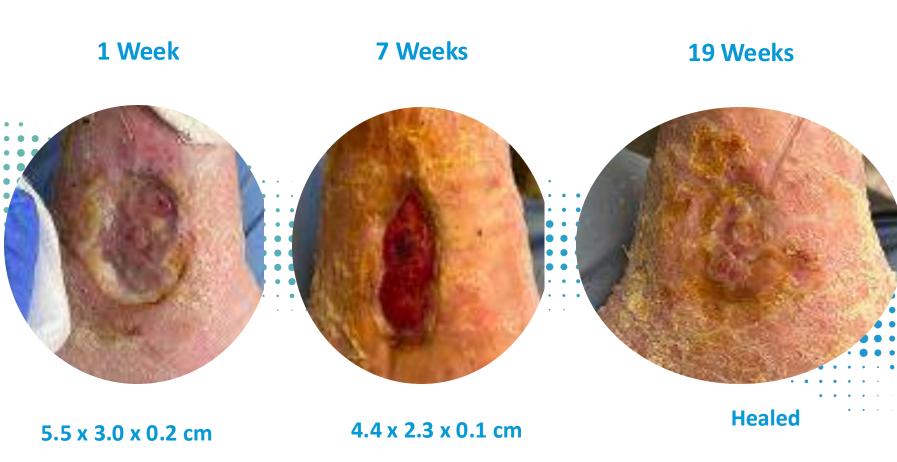
WOUND DURATION: 3 Years

amniotic tissue grafts



PREVIOUS THERAPIES: SOC with sharp debridement and compression wraps, collagen dressings, silver dressings, and

TREATMENT: Continuous Topical Oxygen Therapy and Amniotic Tissue Graft





Kesiatan

Bilateral Circumferential Venous Ulcers



PATIENT: 54 y/o Female

MEDICAL HISTORY:

Hypertension, fluid overload, ischemic heart disease, cachexia, anemia, malnutrition & diabetes

WOUND DURATION: > 6 Months



TREATMENT: Continuous Topical Oxygen Therapy and

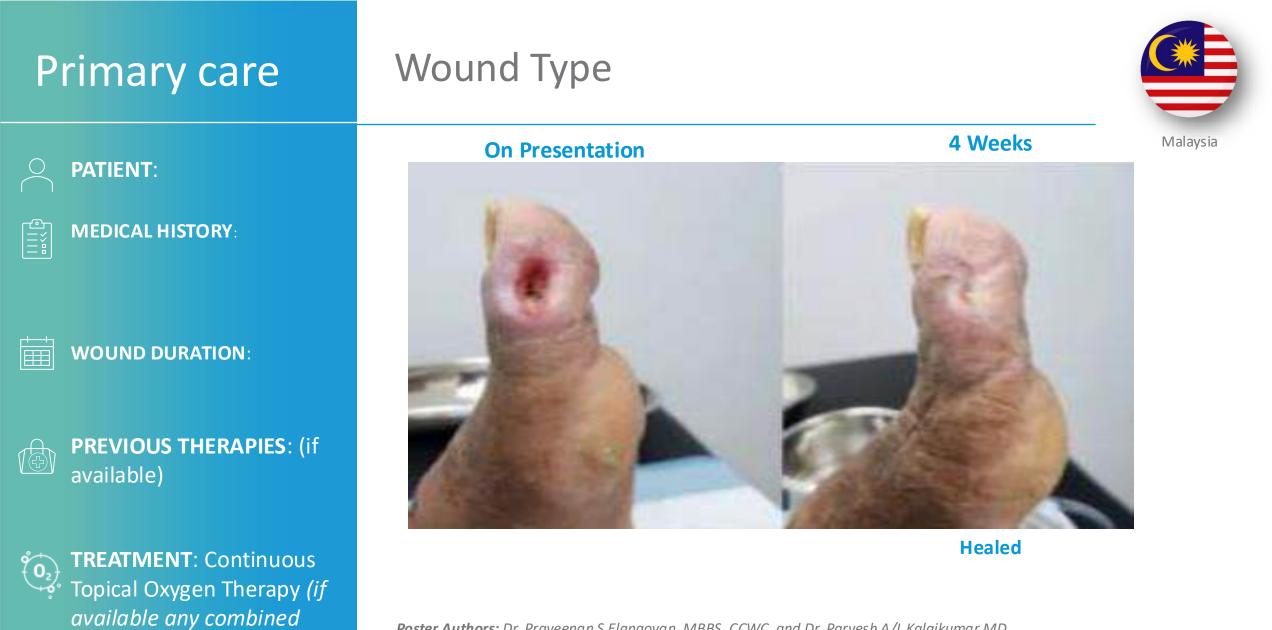
Topical Oxygen Therapy and holistic approach for managing patient and wound including labs, x-ray, C&S swab and TIME framework. Commence metformin, insulin and iron dextran. Arrange dietitian, physiotherapy, psychological and educational support. **On Presentation**

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Poster Authors: Dr. Praveenan S Elangovan, MBBS, CCWC, and Dr. Parvesh A/L Kalaikumar MD



Poster Authors: Dr. Praveenan S Elangovan, MBBS, CCWC, and Dr. Parvesh A/L Kalaikumar MD

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NATRC

Wound Care

Diabetic Foot Ulcer



PATIENT: 59 y/o Female



MEDICAL HISTORY: Left foot amputation of gangrenous toes 14 years previously with a chronic wound at site. Presented with a new, acute wound on same foot for treatment to prevent further amputation, Type 1 diabetes mellitus, hypertension, dyslipidemia, anemia, Charcot arthropathy



TREATMENT: Continuous Topical Oxygen Therapy and holistic approach for managing patient and wound including nutritional education & supplement, counselling, C&S swab, labs, TIME framework, and offloading shoe

On Presentation



Poster Authors: Dr. Praveenan S Elangovan, MBBS, CCWC, and Dr. Parvesh A/L Kalaikumar MD

Healed



Complex Diabetic Foot Ulcer



PATIENT: 53 y/o Male

MEDICAL HISTORY: Diabetes

mellitus, anemia. Presented with a wound over the right plantar region extending to posterior aspect of heel with exposed bone and pressure damage.

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WOUND DURATION: 5 months

PREVIOUS THERAPIES: Right lower limb necrotizing fasciitis previously treated with debridement, skin flap transplant, NPWT with multiple hospital admissions.



TREATMENT: Continuous Topical Oxygen Therapy and holistic approach for managing patient and wound including labs, x-ray, C&S swab and TIME framework. Continue metformin, insulin, multivitamin, commence iron dextran. Arrange psychological and educational support to optimize HbA1c. Provide offloading shoe.

On Presentation



Poster Authors: Dr. Praveenan S Elangovan, MBBS, CCWC, and Dr. Parvesh A/L Kalaikumar MD

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20 x 5

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Wound Care

Surgical Wound Left Foot Post RTA



PATIENT: 59 y/o Male

MEDICAL HISTORY: Diabetes, hypertension, dyslipidemia. Motor vehicle accident trauma to left foot resulting in Rays amputation of 3rd toe and K wiring to fractured great toe. Post operatively diagnosed with osteomyelitis.



WOUND DURATION: 12 Weeks

PREVIOUS THERAPIES: 6-week course of antibiotic for osteomyelitis treatment



TREATMENT: Continuous Topical Oxygen Therapy and holistic approach for managing patient and wound including nutritional supplement, counselling, C&S swab, TIME framework, and offloading shoe

On Presentation



5 x 3 cm

Dr. Parvesh A/L Kalaikumar MD

Poster Authors: Dr. Praveenan S Elangovan, MBBS, CCWC, and

4 x 1.6 cm

24 Days

118 Days





Wound Type



PATIENT:



MEDICAL HISTORY:



WOUND DURATION:



PREVIOUS THERAPIES: (if available)



TREATMENT: Continuous Topical Oxygen Therapy (*if available any combined therapies*)

On Presentation

7 Weeks





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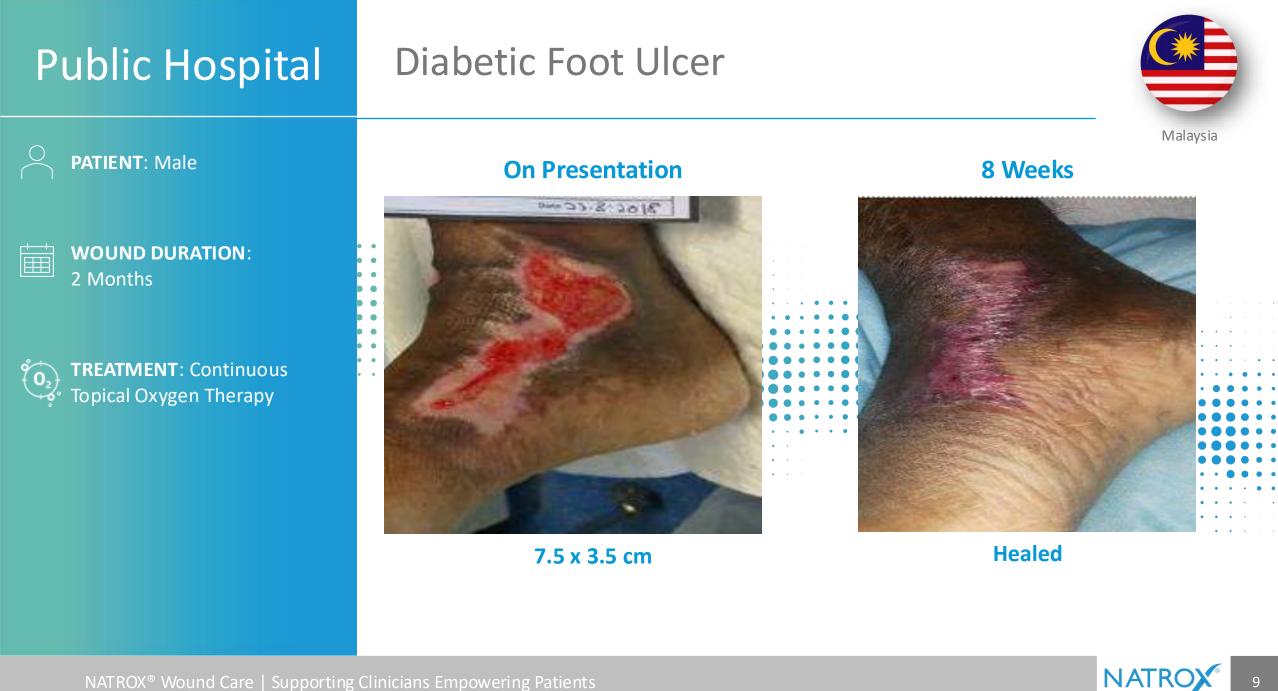
Poster Authors: Dr. Praveenan S Elangovan, MBBS, CCWC, and Dr. Parvesh A/L Kalaikumar MD



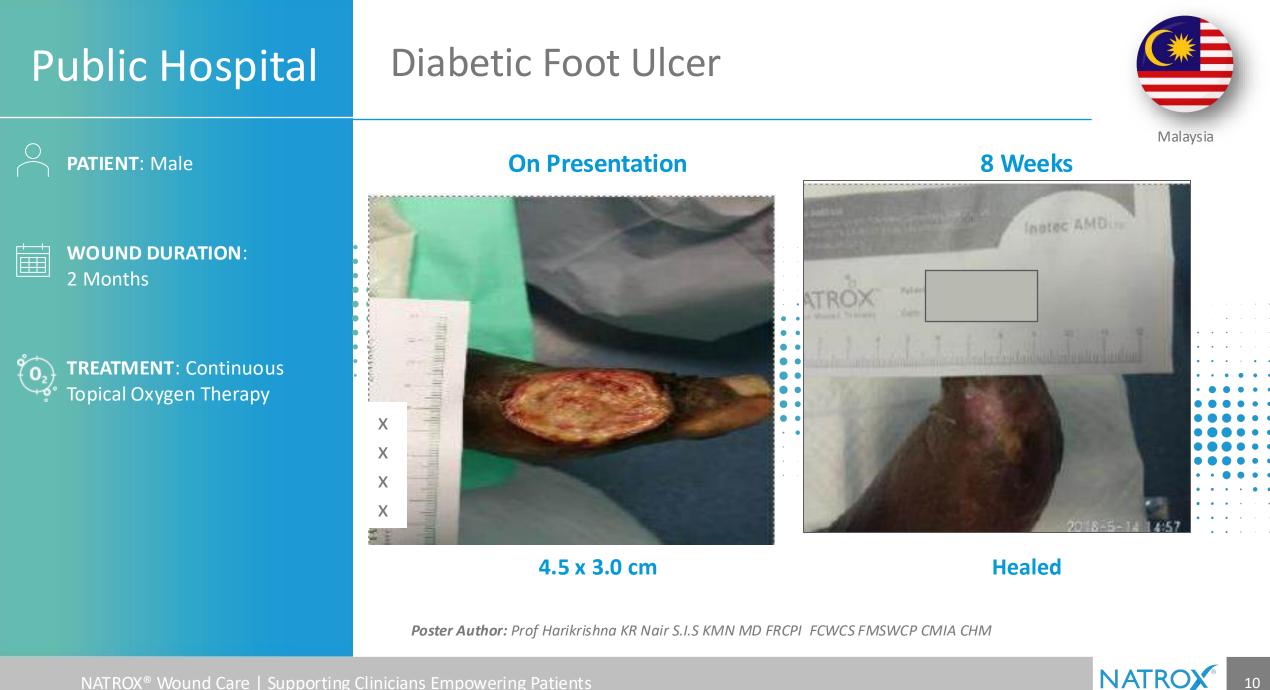
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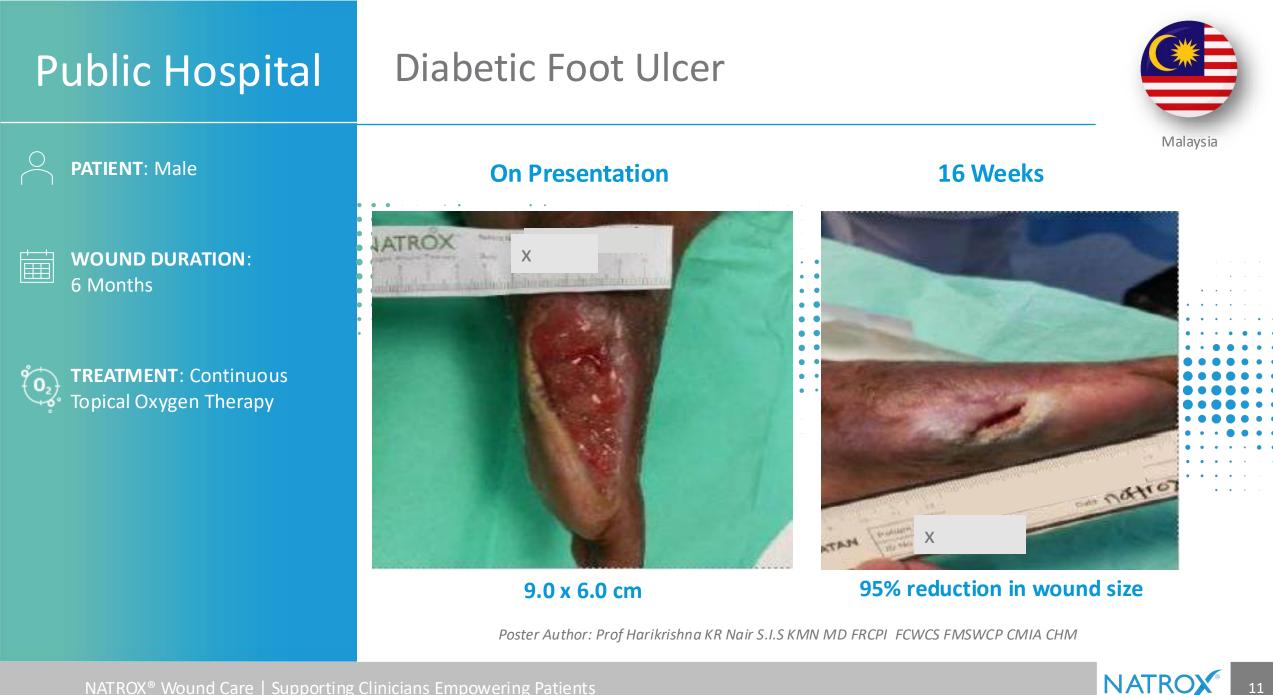




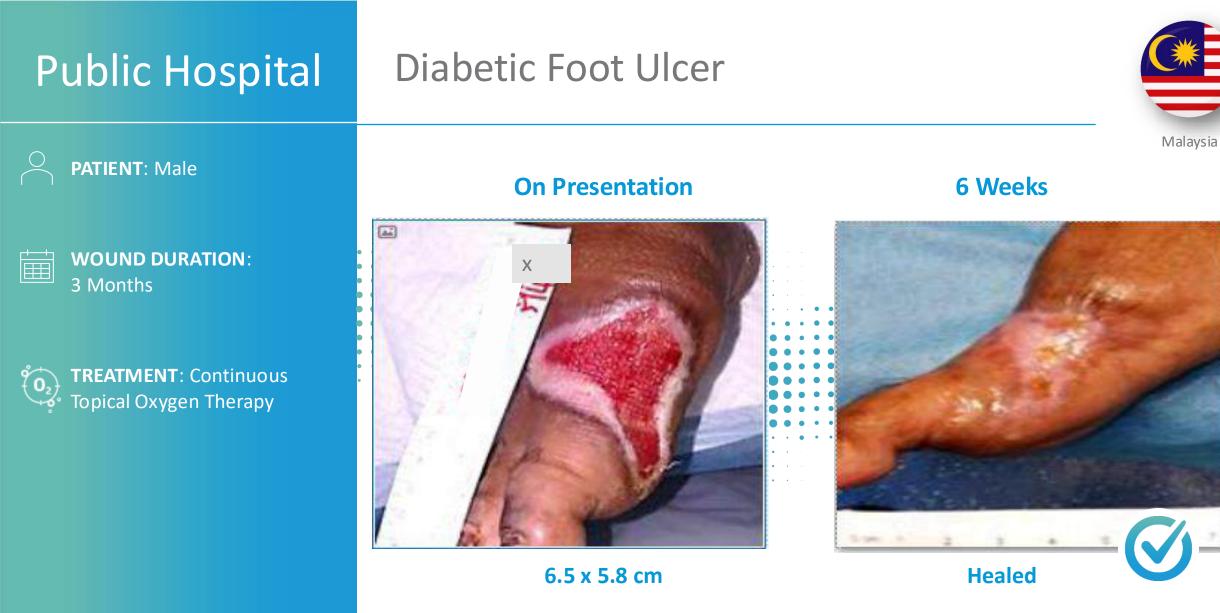
Wound Care



Wound Care



Wound Care









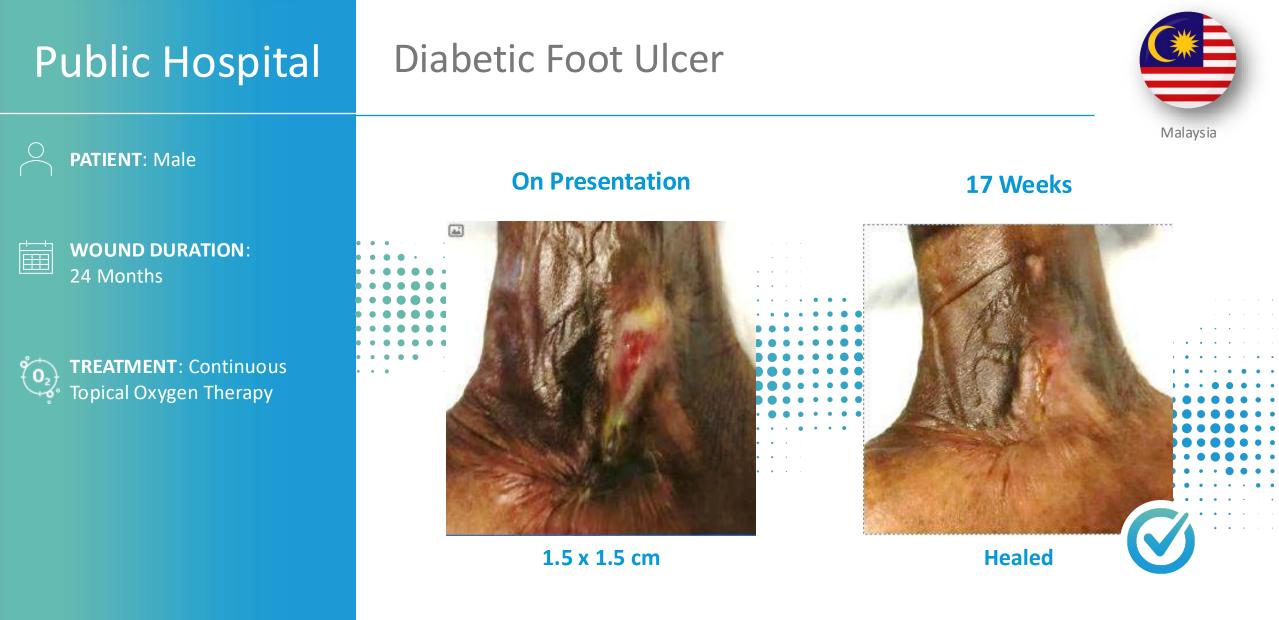


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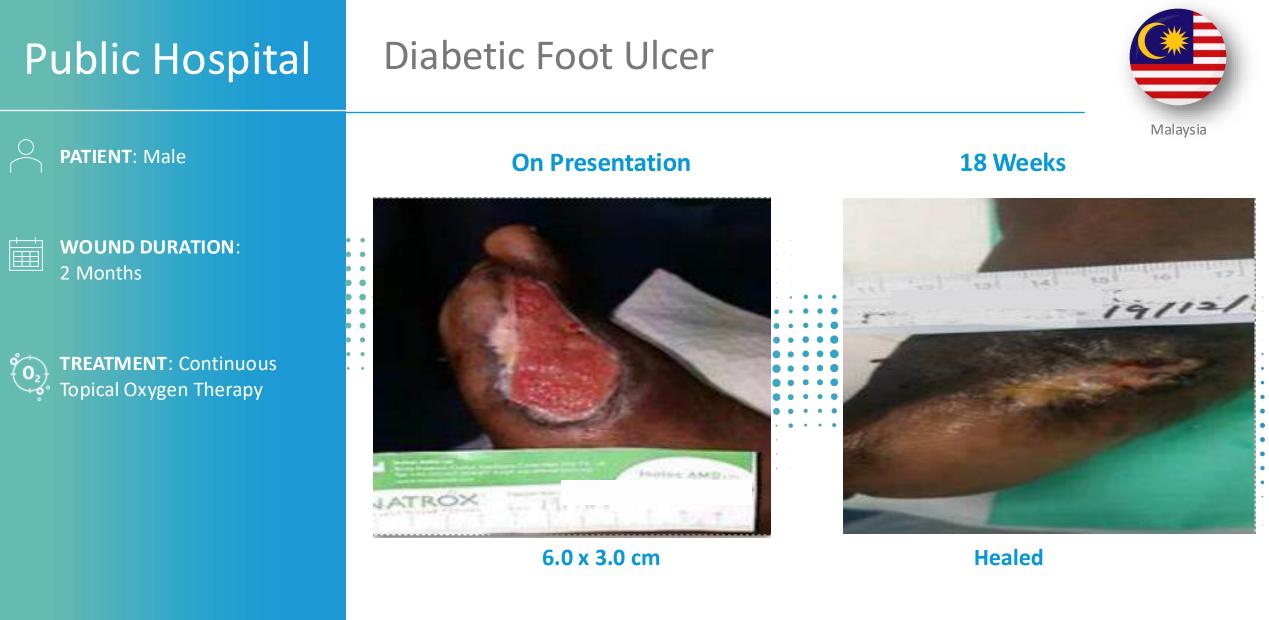
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Wound Care



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Wound Care

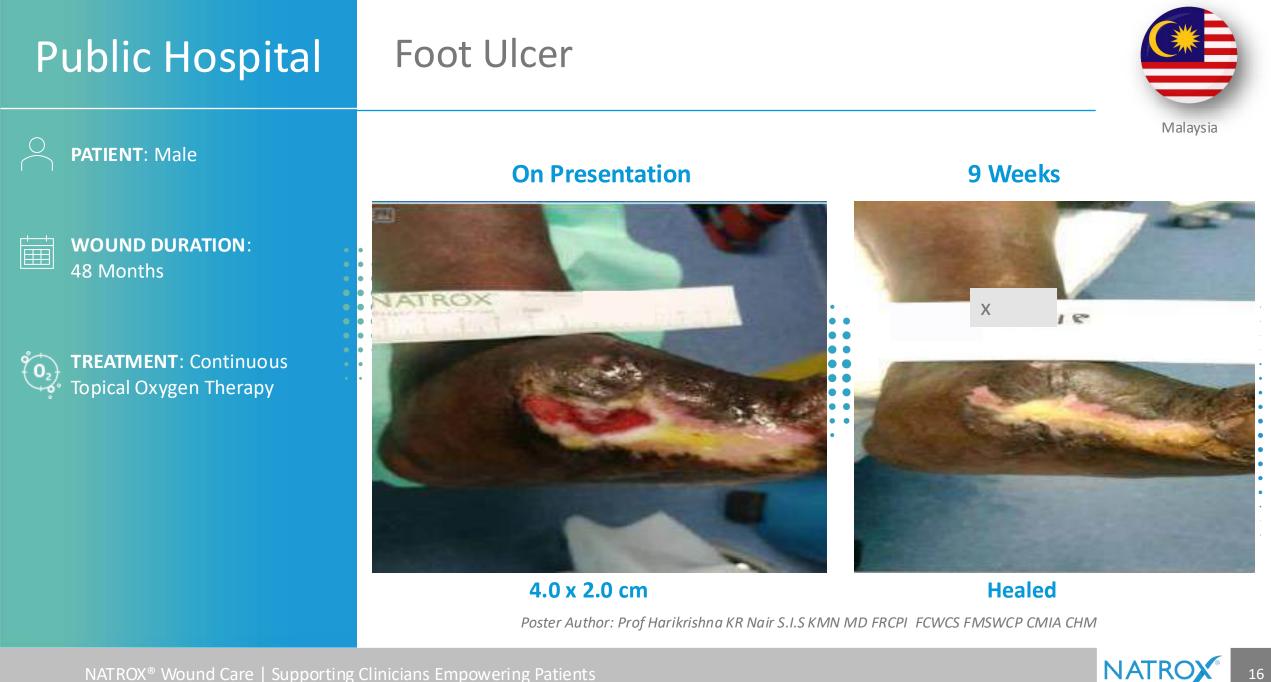


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Wound Care

SGH

Diabetic Foot Ulcer



PATIENT: 50 y/o Male



MEDICAL HISTORY: Poorlycontrolled diabetes, on long term immunosuppression following a renal transplant for NSAIDs induced renal toxicity. Presented as late stage with an infected ulcer over the right plantar fifth metatarsal



PREVIOUS THERAPIES:

Angioplasty in combination with plain and Drug-Eluting balloon (DEB) of the distal superficial femoral artery (SFA) and proximal anterior tibial artery (ATA). Digital amputation of 4th and 5th toe, IV antibiotics, and topical negative pressure wound therapy



TREATMENT: Continuous Topical Oxygen Therapy

On Presentation



8 Weeks



Improved Granulation Tissue

Poster Authors: Boey J (BPodMed), Koh MH (BSc (Podiatry), Tang TY (MD, FRCS(Med) FAMS), Chong TT (MBBS, FACS (Gen & Vas Surg)



SGH

Diabetic Foot Ulcer



PATIENT: 77 y/o Female

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MEDICAL HISTORY: Type 2 Diabetes, Peripheral Artery Disease, end-stage renal failure and ischemic heart disease. Presented with nonhealing ulcer on left medial heel.



WOUND DURATION: 1 Month



PREVIOUS THERAPIES: Oral antibiotics



TREATMENT: Continuous Topical Oxygen Therapy

On Presentation



1 Month



Improved Granulation Tissue

Poster Authors: Boey J (BPodMed), Koh MH (BSc (Podiatry), Tang TY (MD, FRCS(Med) FAMS), Chong TT (MBBS, FACS (Gen & Vas Surg)

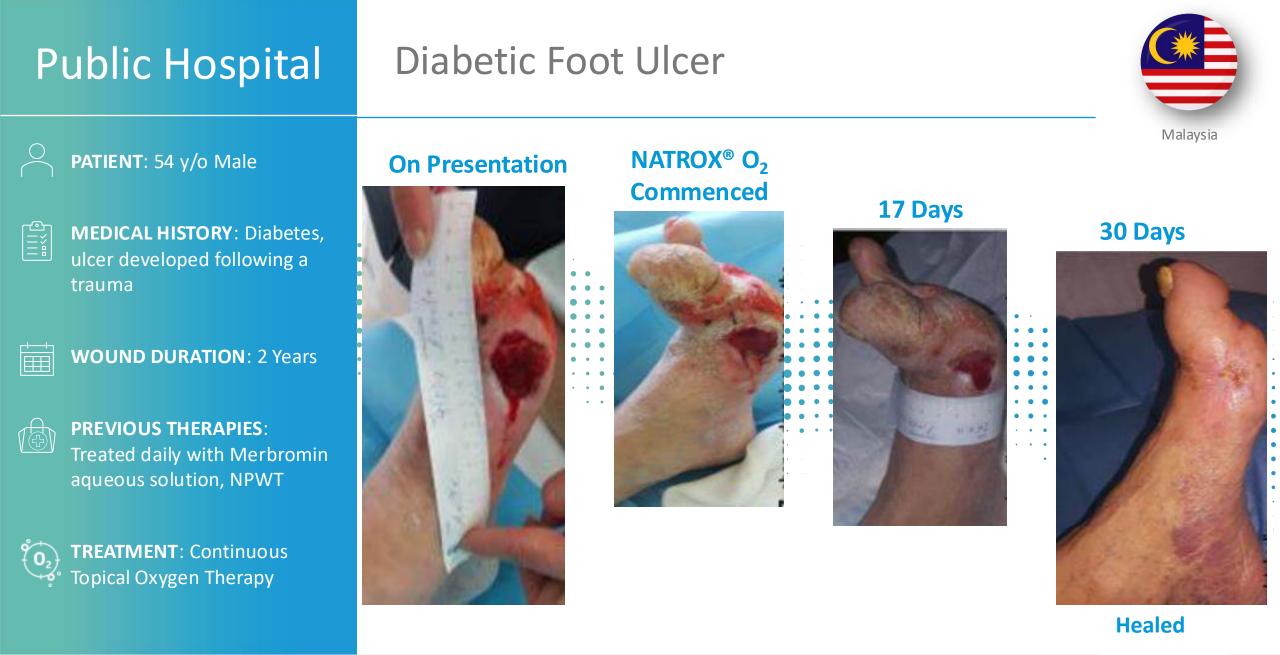




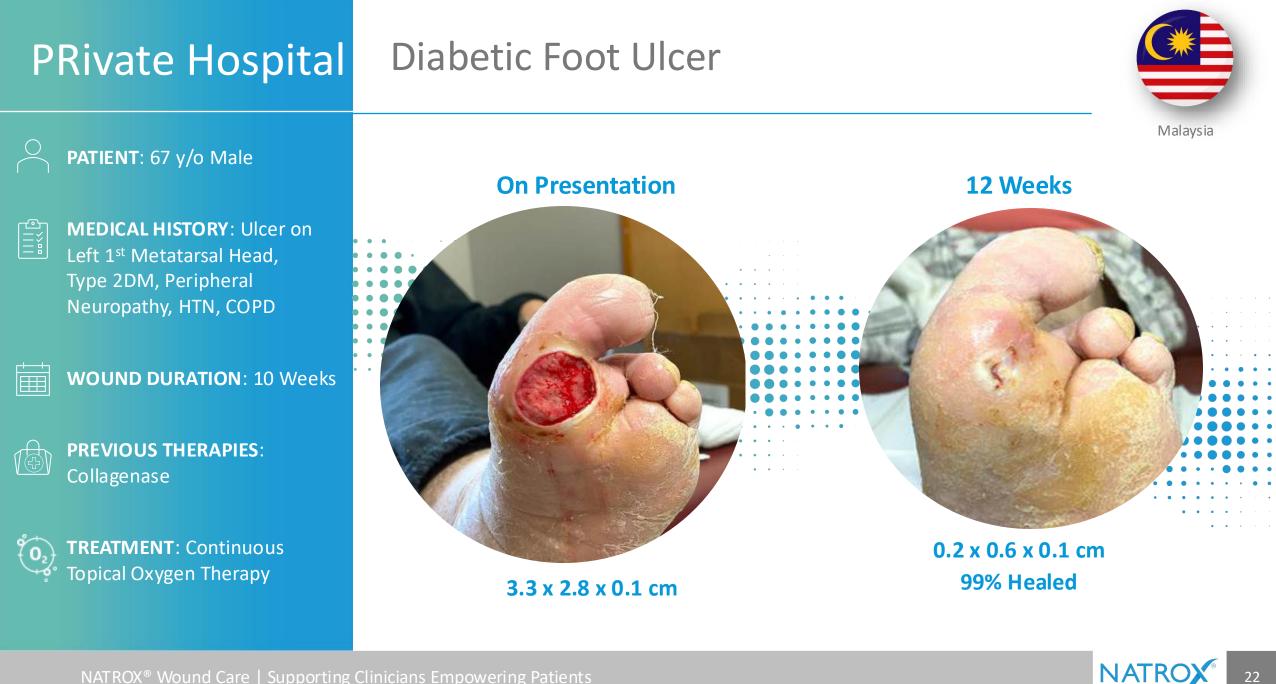
Wound Care



Wound Care







Wound Care

Private Hospital

Diabetic Foot Ulcer



PATIENT: 53 y/o Male



MEDICAL HISTORY: DFU R plantar, IDDM, neuropathy, HTN, CAD, chronic fatigue, depression, gastritis DFU R plantar, IDDM, neuropathy, HTN, CAD, chronic fatigue, depression, gastritis. ABI= Non-Compressible TcPO2 >50



WOUND DURATION: 10 Months



PREVIOUS THERAPIES: Advanced wound matrix

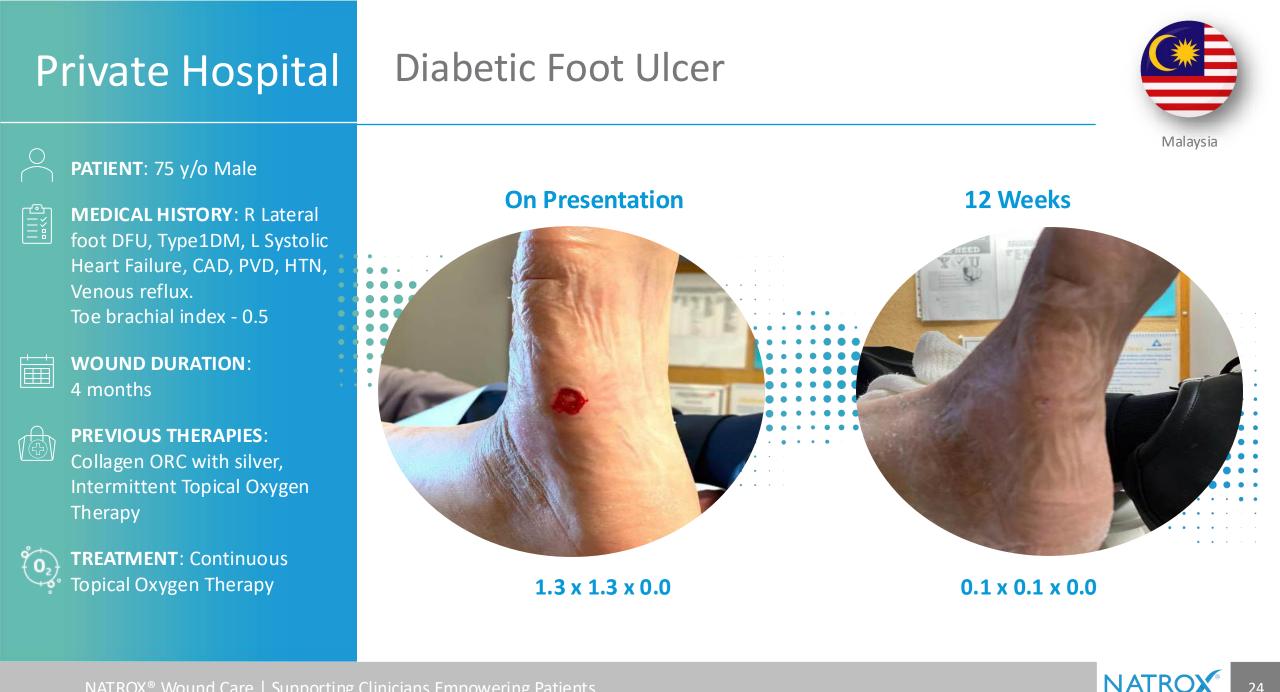




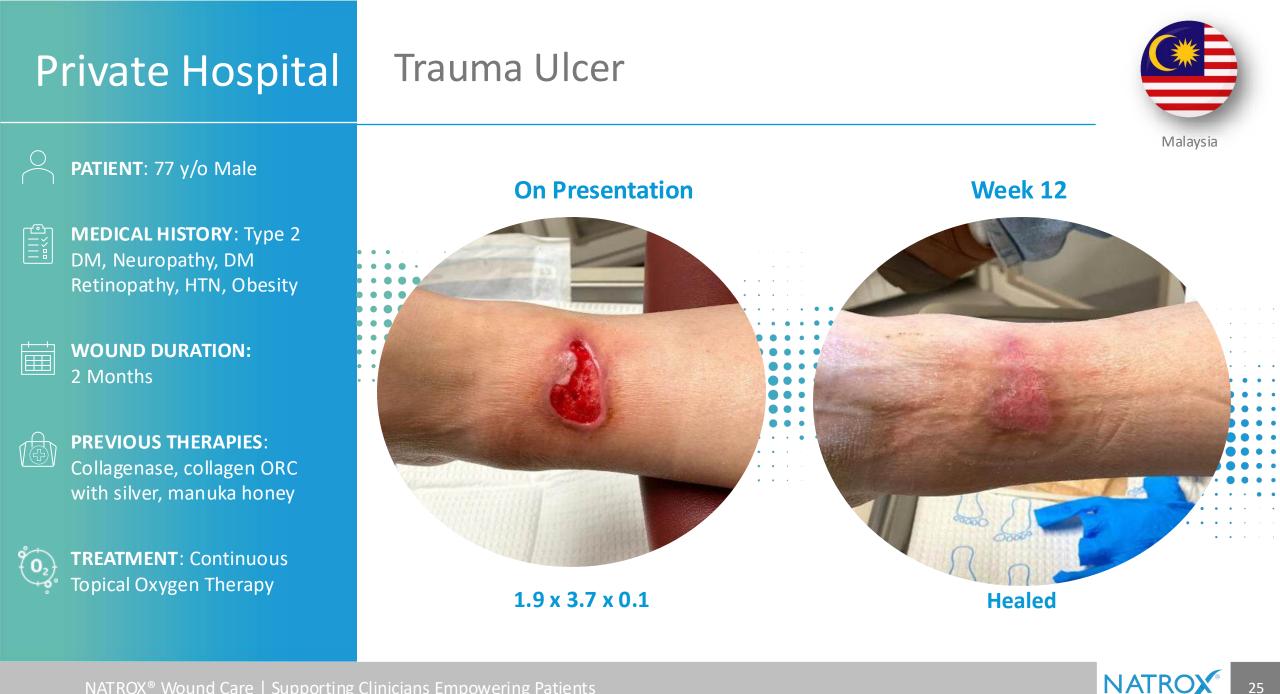


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Wound Care



Wound Care



Public Hospital

Thickness Burn



PATIENT: 41 y/o Female

MEDICAL HISTORY:

Complicated full thickness burn on right thigh. cTOT applied during Proliferation phase on main ulcer.

WOUND DURATION: 3 Months



PREVIOUS THERAPIES:

Petroleum-impregnated tulle, various dressings, antibiotics and analgesia, medical-grade honey with foam dressings, blister graft



TREATMENT: Continuous Topical Oxygen Therapy

On Presentation





Non-Healing: Diabetic Foot Ulcer Primary care 3 months Malaysia PATIENT: 62 y/o Male **On Presentation** 6 Weeks 12 Weeks **MEDICAL HISTORY**: Complicated Diabetic Foot ulcer on forefoot with history of underlying osteomyelitis and amputation of 2nd toe.

Healed

WOUND DURATION: 3 Months **PREVIOUS THERAPIES:** Cadexomer iodine with

foam, Hydrofiber Ag dressing, silver foam dressings, PHMB foam, silicone foam



TREATMENT: Continuous Topical Oxygen Therapy









Venous Leg Ulcer



PATIENT: 79 y/o Male Army Veteran



MEDICAL HISTORY: Peripheral Neuropathy, Chronic Edema, Venous Disease, 2-year history BLE wounds, exposed to Agent Orange

WOUND DURATION: >2 years



PREVIOUS THERAPIES: polyvinyl alcohol foam infused with methylene blue and gentian violet TREATMENT: Continuous Topical Oxygen Therapy (if available any combined therapies)



On Presentation





Venous Leg Ulcer



PATIENT: 77 y/o Male



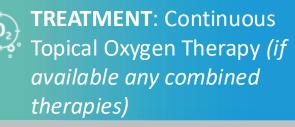
MEDICAL HISTORY: Lymphedema and venous disease



WOUND DURATION: 5 Years



PREVIOUS THERAPIES: (if available)



On Presentation



Healed:





Non-Healing: Surgical Amputation Wound 1 month s/p amputation

21 Days



PATIENT: 54 y/o Female



MEDICAL HISTORY: R 2nd toe amputation, type 2 diabetes mellitus, vascular disease, coronary heart disease, chronic kidney disease, anemia

WOUND DURATION: 4 Months



PREVIOUS THERAPIES: (if available)



On Presentation







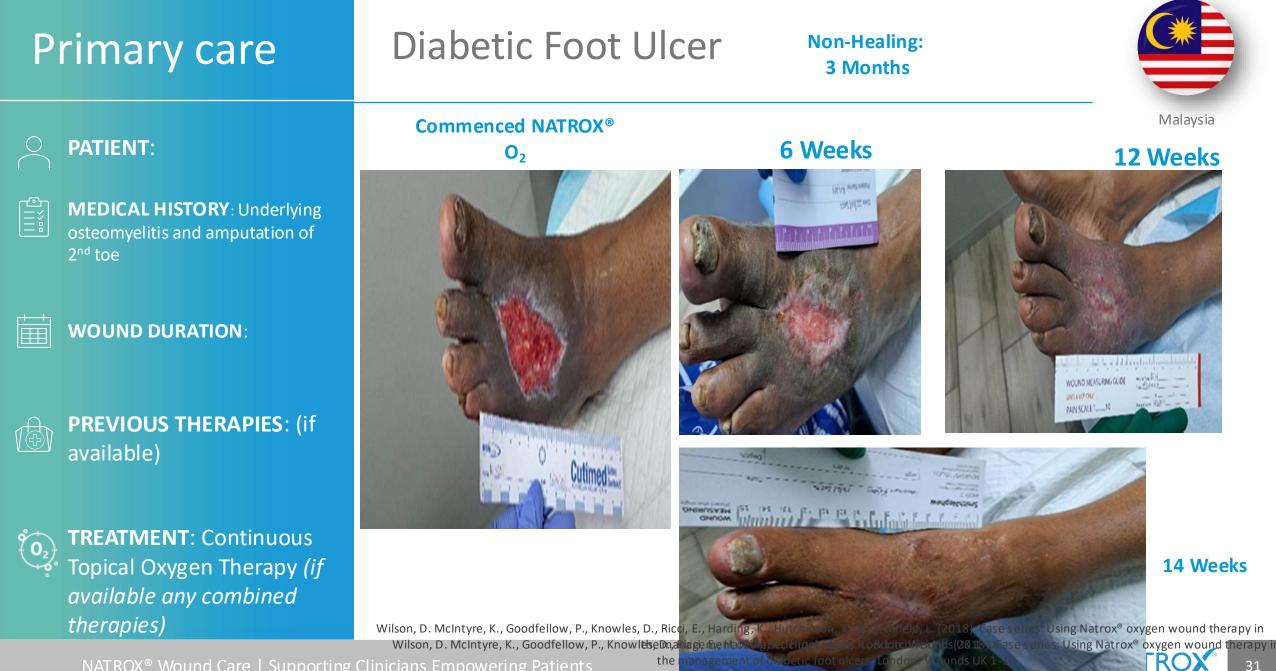


49 Days



15 Weeks





Non-Healing Traumatic Wound



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Wound Care



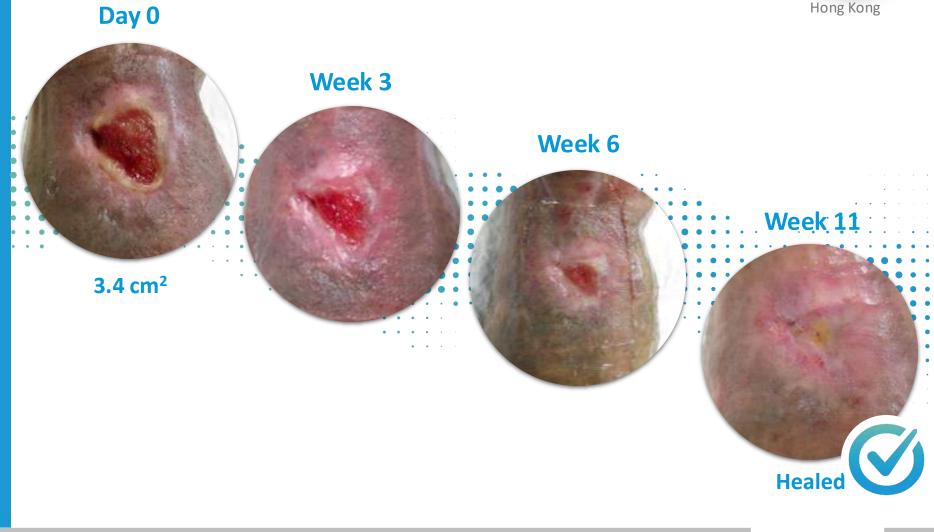
WOUND DURATION: Presented >30 months, became stagnant >18 months



PREVIOUS THERAPIES: (if available): Advanced dressings & debridement performed at regular base



TREATMENT: Continuous Topical Oxygen Therapy





Pressure Ulcers



PATIENT: 90 y/o Male

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MEDICAL HISTORY: Two pressure ulcers over the lateral right foot completely covered with eschar

WOUND DURATION: 1 month



TREATMENT: Continuous Topical Oxygen Therapy





Pain Score = 7



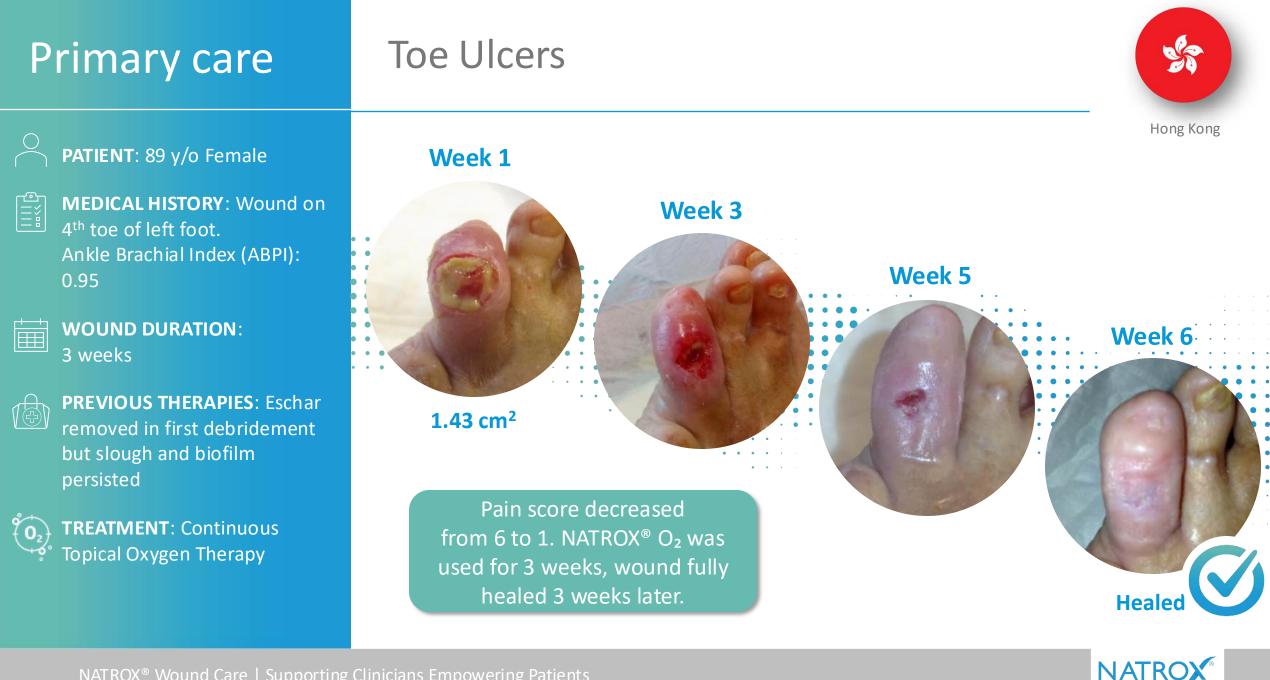


Wound size decreased by >80% in 10 weeks



Pain Score = 1





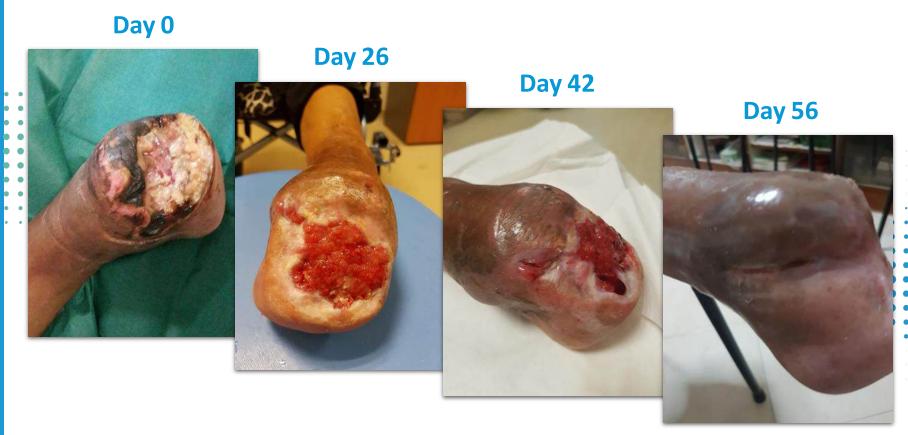
Wound Care

Private Hospital

Amputation



TREATMENT: Continuous Topical Oxygen Therapy

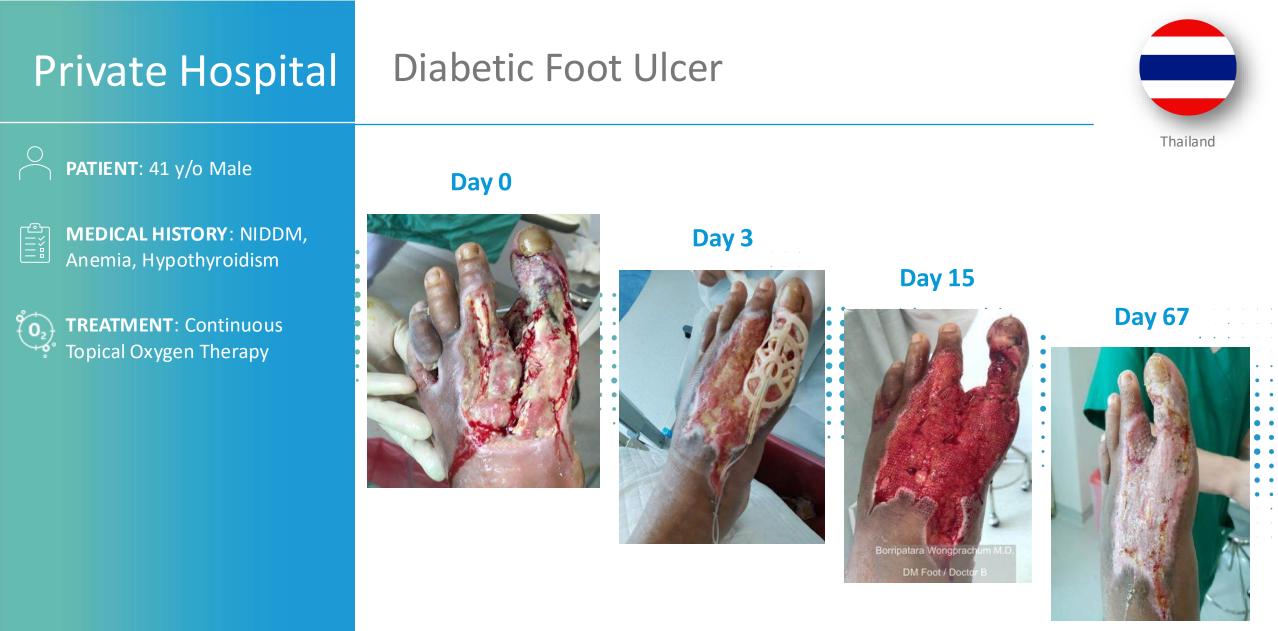


The Harley Street & Vascular Center Clinician: Dr Sriram Narayan





ROX® Wound Care 2025



Clinician: Dr Borripatra Wongprachum



Private hospital **Diabetic Foot Ulcer** Thailand PATIENT: 41 y/o Male Day 0 Day 3 MEDICAL HISTORY: NIDDM, **Day 23** Thrombocytosis, Hyponatremia Day 71 **TREATMENT**: Continuous Topical Oxygen Therapy Borripatara Wongprachum M.D.

Clinician: Dr Borripatra Wongprachum



Private hospital Diabetic Foot Ulcer



PATIENT: 66 y/o Male

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 - MEDICAL HISTORY: NIDDM, Coronary artery disease s/p CABG 2000, chronic kidney disease, hypertension, hypothyroid, recent
 - subarachnoid haemorrhage



TREATMENT: Continuous Topical Oxygen Therapy



Clinician: Dr Borripatra Wongprachum



Private hospital

Diabetic Foot Ulcer



PATIENT: 75 y/o Male

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MEDICAL HISTORY: NIDDM, peripheral arterial disease s/p PTA with balloon right SFA, ATA, peroneal, tibioperoneal truck, urinary bladder cancer s/p mass excision



TREATMENT: Continuous Topical Oxygen Therapy



Day 0



Clinician: Dr Borripatra Wongprachum

NATRO Wound Care

Private hospital

Diabetic Foot Ulcer

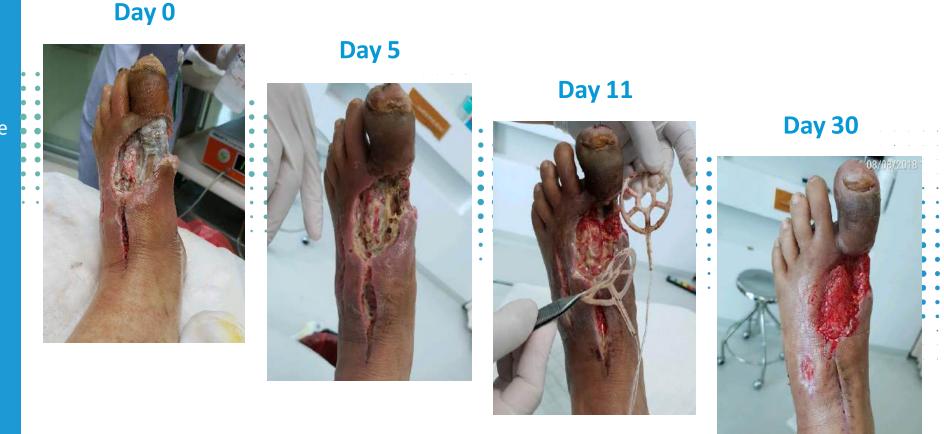


PATIENT: 61 y/o Male



MEDICAL HISTORY: NIDDM, peripheral arterial disease, coronary arterial disease s/p PCI in 2016, acute kidney failure

TREATMENT: Continuous Topical Oxygen Therapy



Clinician: Dr Borripatra Wongprachum



Private hospital

Diabetic Foot Ulcer



PATIENT: 53 y/o Male

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MEDICAL HISTORY: NIDDM, peripheral arterial disease s/p POBA right ATA and PTA, dilated cardiomyopathy with severe LV systolic dysfunction s/p subcutaneous AICD, end stage renal disease on regular dialysis, sensorineural hearing, chronic vomiting



TREATMENT: Continuous Topical Oxygen Therapy



Clinician: Dr Borripatra Wongprachum







Diabetic Foot Ulcer



PATIENT: 50 y/o Female

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MEDICAL HISTORY: Five operations on the left DFU

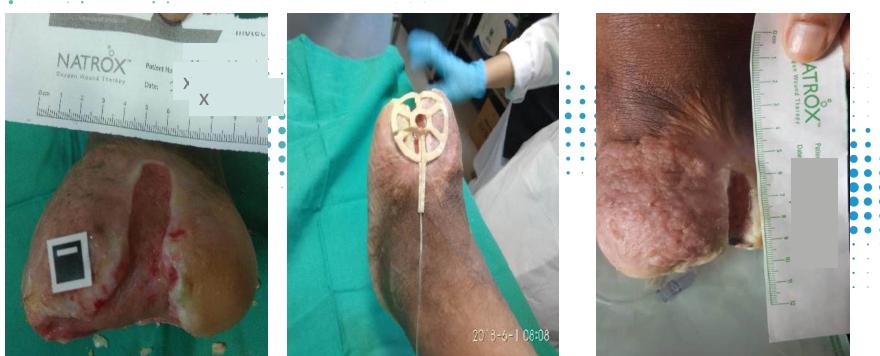
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YOUND DURATION: Years



TREATMENT: Continuous Topical Oxygen Therapy

On Presentation



Hospital Klang Malaysia

Wound Care 2025

40 Days Later

 Ms Y is a 42 yo, lady, works as banker, active, ADL independent, has hypertension with BMI: 34, presented with bilateral lower limb painful, weeping venous ulcer at gutter region. Imp : Bilateral Venous ulcer

- Dr Diana
- MD, University of Brawijaya, CCWC, MSWCP





9.5 weeks complete closure , pain free



Mrs Z is a 65-year-old with underlying Diabetes, CHF, ESRF on regular HD, and had a thyroidectomy (Oct 2023). She presented with a punched-out painful ulcer over the left calf for the past 2 months, associated with claudication. Previously on collagen dressing. ABI R- 0.8 , L -0.7 . IMP: PAD Ulcer.

Arterial Leg Ulcer







8 weeks, well healed, pain free



Arterial Leg Ulcer



Patient name : Rangganayaki A/P Paramasivam Age: 78 Year Old Wound type: Varicose veins (5 years)







Arterial Leg Ulcer

Malaysia

Age: 55 Years old Wound type: Varicose veins (2 years)



