体表溃疡创面研究与治疗 Research and Treatment of Surface Ulcerative Wounds

原位再生医疗技术治疗创疡的典型病例介绍

Typical Case of Wounds and Ulcers Treated with MEBT/MEBO

【关键词】 湿润烧伤膏;原位再生医疗技术;创伤;溃疡;病例报告

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[Key words] Moist Exposed Burn Ointment (MEBO); In Stiu Regenerative Medical Technology; Wound; Ulcer; Case report

病例 1: 李某某, 女, 78 岁

Case 1: LI XX, Female, 78 yrs old

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患者姓名	李某某	性别	女	年 龄	78 岁	
Name of patient	LI XX	Gender	Female	Age	78 yrs old	
职业 Occupation	-	民族 Ethnicity	汉族 Han	婚 姻 Marital status	已婚 Married	
患者住址 Address	北京市丰台区南苑 Nanyuan, Fengtai District	北京市丰台区南苑 Nanyuan, Fengtai District, Beijing			100075	
人院日期 Date of admission	2014 - 05 - 12		出院日期 Date of Discharge	2014 - 07 - 21		
住院时间 Duration of hospitalization	70 d		经治医生 Attending doctors	陈永翀、张泰安、李青 CHEN Yong-chong, ZHANG Tai-an, LI Qing		
经治医院 Hospital	北京市丰台区南苑医院》 Burns Wounds & Surface Fengtai Nanyuan Hospital,	e Ulcers Division of	地址/邮编 Address/post code	北京市丰台区南苑公 No. 3, Gongsuo Huto District, Beijing (100	ng, Nanyuan, Fengtai	
临床诊断 Clinical diagnosis	 左臀部压疮 (3 期); 2. 2 型糖尿病; 3. 糖尿病周围血管、神经病变; 4. 双下肢动脉硬化闭塞症; 5. 高血压病; 6. 脑梗死 Pressure ulcer of left hip (grade Ⅲ); 2. Type Ⅱ diabetes; 3. Diabetic peripheral angiopathy and neuropathy; Atherosclerosis obliterans in both lower extremities; 5. Hypertension; 6. Cerebral infarction 					
病史情况 Medical history	自行换药治疗,但创面化 The patient was found that Subsequently, skin ulcerat	患者于 2013 年 10 月被发现左臀部局部红肿,未予特殊处理,随后逐渐出现皮肤溃烂,面积约鸡蛋大小,在家自行换药治疗,但创面仍逐步扩大,为求进一步治疗于 2014 年 5 月 12 日来本院就诊。 The patient was found that her left hip was topically red and swollen in October 2013, to which no attention was paid. Subsequently, skin ulceration gradually developed and the ulcerated area was about an egg size. After treated at home by herself, the wound continued to enlarge. The patient was admitted to our hospital on May 12, 2014 for further treatment.				
专科情况 Specialized check-up	患者左臀部可见面积约 10.0 cm×9.0 cm 的溃疡创面,深达筋膜,基底呈红色或暗红色,创面脓性分泌物较多,且散在黄色坏死组织,部分创面有痂皮覆盖,创周无明显红肿。 The patient's left hip had an ulcer at a size about 10.0 cm×9.0 cm, extending deep to fascia. Partial wound base was in red or dark red color. More purulent secretion and interspersed yellow necrotic tissues were observed on the wound surface, with crust on partial wound surface. No obvious redness and swelling on wound periphery.					
治疗情况 Treatment	患者人院后立即给予清创、去除痂皮、耕耘减张等处理,并全程规范采用原位再生医疗技术治疗,同时积极予以控制感染、调控血糖、改善微循环、营养支持等全身治疗。70 d 后创面基本愈合,临床效果良好。 In addition to the immediate debridement, escharectomy and tension relieving operation after the admission, MEBT/MEBO was applied to manage the wound through the whole treatment course and systemic treatments such as strict infection control, blood glucose control, microcirculation improvement and nutrition support were given actively. 70 days later, the wound healed basically with satisfying clinical effects.					



图 1 人院时创面情况;图 2 治疗 7 d 后创面情况;图 3 治疗 18 d 后创面情况;图 4 治疗 35 d 后创面情况;图 5 治疗 56 d 后创面情况;图 6 治疗 70 d 后创面基本愈合

Fig. 1 The wound condition on admission; Fig. 2 The wound condition 7 days after the treatment; Fig. 3 The wound condition 18 days after the treatment; Fig. 4 The wound condition 35 days after the treatment; Fig. 5 The wound condition 56 days after the treatment; Fig. 6 The wound healed basically 70 days after the treatment

病例 2: 刘某某, 女, 63岁

Case 2: LIU XX, Female, 63 yrs old

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患者姓 Name of p		刘某某 LIU XX	性 别 Gender	女 Female	年 龄 Age	63 岁 63 yrs old		
职		农民			婚 姻	已婚		
Оссира	tion	Peasant	Ethnicity	Han	Marital status	Married		
患者住 Addre		山西省吕梁市临县 Lin County, Lvliang City,	Shanxi Province		邮 编 Post code	033200		
入院日 Date of ad		2014 - 10 - 10		出院日期 Date of Discharge	2015 - 01 - 19			
住院时 Duration of hos		102 d		经治医生 Attending doctors	丁明华、秦国强 DING Ming-hua, QIN (Guo-qiang		
经治医 Hospi		中铁十二局集团中心医院 Wound Repair Division o China Railway 12th Burea	f Central Hospital of	地址/邮编 Address/post code	山西省太原市迎泽西大街 359 号(030053 No. 359, Yingzexi Street, Taiyuan City, Sha Province(030053)			
临床诊 Clinical di		1. 右足糖尿病足 (5 级) 1. Diabetic ulcer of right				; 3. Type II diabetes		
病史情 Medical b		反复结痂、破溃。近1月 干,疼痛及憋胀感明显, 素血糖控制差。 The patient presented with dull pain, so she conducte repeatedly. In recent 1 we swollen and then inflamma and swelling, resulting in	患者于1年前无明显诱因出现右足背皮肤破溃,伴有少量出血及隐痛不适,自行予以消毒换药治疗,期间创面反复结痂、破溃。近1周来,破溃处出现流脓及周围皮肤红肿,继而出现足底红肿,右足第4足趾发黑、发干,疼痛及憋胀感明显,不能行走,为求进一步治疗遂来本院就诊。患者既往有2型糖尿病病史20余年,平素血糖控制差。 The patient presented with ulceration in his right dorsum pedis without obvious cause 1 year ago, with few bleeding and dull pain, so she conducted disinfection and dressing change at home, during which the ulceration ruptured and scabbed repeatedly. In recent 1 week, pus discharge was observed on the ulceration and the wound surrounding skin was red and swollen and then inflammation of planta pedis occurred. The fourth toe of right foot was black and dry, with obvious pain and swelling, resulting in walking difficulty, so the patient was admitted to our hospital for further treatment. The patient had diabetes for more than 20 years, with blood glucose usually poorly controlled.					
专科情 Specialized o		患者右足背外侧可见面积约8.0 cm×4.0 cm 的溃疡创面,深达筋膜、骨膜,创面有淡黄色脓液流出,伴有恶臭,周围组织高度红肿;右足第4 趾发黑、发干、坏死;右足底前 1/3 处皮肤高度肿胀,伴有破溃,并有淡黄色液体流出,溃疡面积约8.0 cm×10.0 cm,表皮与基底分离,触压足底皮肤有"握雪"感,颜色苍白,创面深达骨膜;右足活动受限,第 4 足趾无自主活动,第 5 足趾关节活动差。右足 X 线检查结果示:第 4 趾骨第 1 节近段部分骨质、中远段骨质及第 2 节骨质骨髓炎伴吸收改变,第 5 趾骨远端局部骨质破坏,右足部分跖趾骨多发囊性改变;下肢血管彩超示:双下肢动脉硬化伴双侧胫后动脉内斑块形成。 The lateral right dorsum pedis had an ulcer at the size of about 8.0 cm×4.0 cm, extending deep to fascia and periosteum, with light yellow pus seeping out on the wound surface and with stinky odor. The peripheral tissues were seriously inflamed; The fourth toe of right foot was black, dry and necrotic; the front 1/3 of the right planta pedis was very swollen, with ulceration and light yellow liquid. The ulcerated area was about 8.0 cm×10.0 cm. The epidermis and basal layer were separated and a feeling of "holding snow" existed while pressing the plantar skin, and the skin was in pale color. Periosteum can be touched by probe check; the movement of right foot was limited. The fourth toe of right foot had lost the ability of active movement and the fifth toe had poor joint mobility. X-ray examination for right foot; Destruction of the 1st segment of partial proximal sclerotin, the middle and distal sclerotin and the 2nd segment of sclerotin of the fourth phalanx caused by osteomyelitis, accompanied by altered absorption, destruction of partial distal sclerotin of the fifth phalanx and multiple cystic changes of partial metatarsal and phalangeal bones of right foot; vessel CDU of lower extremities; Arteriosclerosis in both lower extremities, accompanied by plaque formation in bilateral posterior tibial arteries.						
治疗情 Treatm		人院后完善相关检查,了解全身及各脏器功能,予以胰岛素调控血糖、抗感染、抗氧化、活血化瘀、维射解质平衡、营养支持等全身综合治疗;同时,创面予以外科清创术 + 原位再生医疗技术规范治疗,每日次,每次使用 40~80 g MEBO,治疗 102 d 后创面愈合,愈合效果满意。 After the admission, relevant examinations were done to understand the functions of the whole body and every orga systemic treatments were given including blood glucose control by giving insulin, anti-infection, anti-oxidation, blo culation promotion and stasis removal, water and electrolyte balance maintenance and nutrition support; meanting wound was given surgical debridement and normative application of MEBT/MEBO, and the dressing was changed day, with 40 –80 g MEBO per time. 102 days later, the wound healed well.						

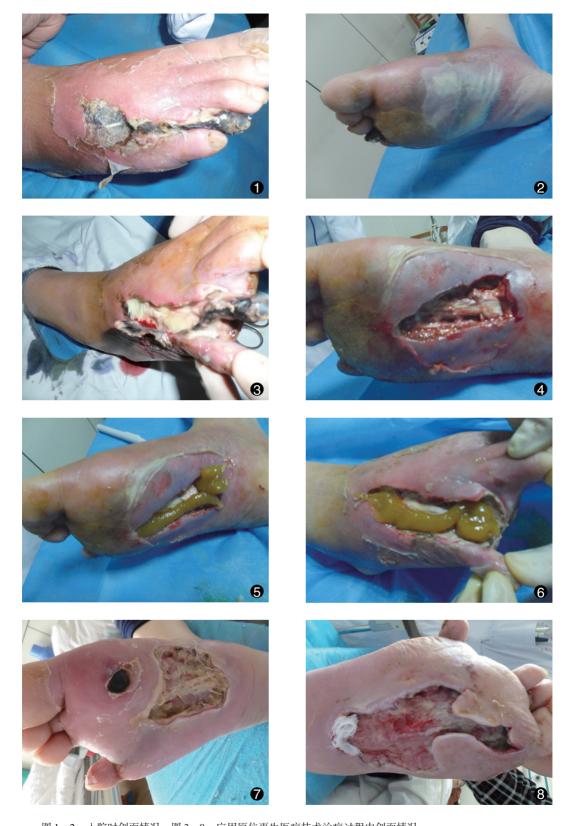


图 1-2 人院时创面情况;图 3-8 应用原位再生医疗技术治疗过程中创面情况 Fig. 1-2 The wound condition on admission; Fig. 3-8 The wound condition during the application of MEBT/MEBO



图 9 – 14 应用原位再生医疗技术治疗过程中创面情况;图 15 – 16 应用原位再生医疗技术治疗 102 d,创 面基本愈合

Fig. 9-14 The wound condition during the application of MEBT/MEBO; Fig. 15-16 The wound healed basically after the application of MEBT/MEBO for 102 days

病例 3: 刘某某, 男, 50 岁

Case 3: LIU XX, Male, 50 yrs old

患者姓名	刘某某	性别	男	年 龄	50 岁		
Name of patient	LIU XX	Gender	Male	Age	50 yrs old		
职 业 Occupation	_	民 族 Ethnicity	汉族 Han	婚 姻 Marital status	已婚 Married		
患者住址 Address	北京市大兴区西红门 Xihongmen Town, Daxing	北京市大兴区西红门 Xihongmen Town, Daxing District, Beijing			100162		
人院日期 Date of admission	2015 - 03 - 06	2015 - 03 - 06 出院日期 Date of Discharge					
住院时间 Duration of hospitalization	34 d		经治医生 Attending doctors	闵振兴、张勇、李际 MIN Zhen-xing, ZHAN			
经治医院 Hospital	北京市宣武中医医院 XuanWu TCM Hospital, E	3 eijing	地址/邮编 Address/post code	北京市西城区万明路 13 号(100000 No. 13, Wanming Road, Xicheng I Beijing(100000)			
临床诊断 Clinical diagnosis		左胫前外伤后血肿伴感染 The left anterior shank had hematoma and infection after trauma					
病史情况 Medical history	患者 20 d 前不慎从扶梯上滑落,致左小腿挫伤,当时疼痛难忍、局部肿胀,立即于当地医院就诊,X 线检查结果显示:未见明显骨折迹象。予以局部常规换药、口服抗生素治疗后未见明显好转,且红肿、疼痛逐渐加重,遂来本院就诊。入院时患者精神尚可,左小腿肿痛,活动尚可,无明显发热,食纳可,睡眠安,大便尚可,小便频、少。患者既往无其他特殊病史。 The patient accidentally slipped down from the escalator 20 days ago and bruised his left leg, and then the patient was immediately admitted to a local hospital due to unbearable pain and local swelling. The result of X-ray examination showed; No obvious signs of fracture. No obvious improvement was seen after local routine dressing change and oral administration of antibiotics, and the inflammation and pain aggravated gradually, so the patient was admitted to our hospital for further treatment. The patient had good spirit and inflamed left shank on admission, with average mobility, no obvious fever, good appetite and sleep, average defecation but frequent and less urination. The patient did not have any other special medical history.						
专科情况 Specialized check-up	患者左胫前可见面积约5.0 cm×10.0 cm 的肿胀区,局部皮温略高,皮肤柔软,有波动感,触之疼痛;肿胀区域中间可见面积约1.0 cm×9.0 cm 的黑色结痂,质略硬,痂下有波动感;可扪及足背动脉搏动。 The left anterior shank had a swelling area at the size of about 5.0 cm×10.0 cm, soft texture, slight higher local skir temperature, a sense of fluctuation and tenderness; a black scab at the size of about 1.0 cm×9.0 cm and with slightly firm texture was noted in the middle of the swelling area and fluctuation under the scab could be felt; the dorsalis pedis artery was palpable.						
治疗情况 Treatment	人院后于静脉全麻下行血肿切开清创引流术,术中沿黑色结痂边缘切开皮肤,去除痂皮及坏死组织后可见,空腔,切口长约 10.0 cm,内含大量红黑色血凝块,充分清除血凝块后用双氧水、生理盐水交替冲洗空腔. 见活动性出血,切口近端 3.0 cm 间断缝合 4 针,远端 7.0 cm 用 MEBO 药纱填塞后无菌纱布加压包扎。术日换药 2 次,直至创面愈合。 After the admission, the hematoma was cut open under intravenous anesthesia for debridement and drainage. During operation, cut the skin along the edges of the black scab and the incision was about 10.0 cm in length, and a subcut ous cavity was visible after the removal of crust and necrotic tissues, with a large number of red and black blood clot side. After completely removing the blood clots, flushed the cavity alternately with hydrogen peroxide and normal sal during which no active bleeding was observed. The proximal incision of 3.0 cm was given interrupted sutures for 4 nea and the distal 7.0 cm was given compression bandage with sterile gauze after the packing of MEBO-impregnated ga After the operation, dressing was changed twice a day until the wound healed.						



图 1 人院时创面情况;图 2 清创术中创面情况;图 3 治疗 3 d 时创面情况;图 4 治疗 7 d 时创面情况;图 5 治疗 12 d 时创面情况;图 6 治疗 21 d 时创面情况;图 7 治疗 28 d 时创面情况;图 8 治疗 34 d 时创面愈合,患者出院

Fig. 1 The wound condition on admission; wound condition 3 days after the treatment; wound condition 12 days after the treatment; wound condition 28 days after the treatment; from the hospital

Fig. 2 The wound condition during the operation; Fig. 3 The Fig. 4 The wound condition 7 days after the treatment; Fig. 5 The Fig. 6 The wound condition 21 days after the treatment; Fig. 7 The Fig. 8 The wound healed 34 days after the treatment and discharged

病例 4: 曲某某, 女, 71 岁

Case 4: QU XX, Female, 71 yrs old

患者姓名 Name of patient	曲某某 QU XX	性 别 Gender	女 Female	年 龄 Age	71 岁 71 yrs old	
职业 Occupation	工人 Worker	民族 Ethnicity	汉族 Han	婚 姻 Marital status	已婚 Married	
患者住址 Address	北京市丰台区和义南路: No. 121, Heyi South Road	121 号	ijing	邮 编 Post code	100076	
人院日期 Date of admission	2013 - 02 - 01		出院日期 Date of Discharge	2013 - 09 - 28		
住院时间 Duration of hospitalization	239 d		经治医生 Attending doctors	陈永翀、李青、张泰 CHEN Yong-chong, L		
经治医院 Hospital	北京市丰台区南苑医院生 Burns Wounds & Surfac Fengtai Nanyuan Hospital	e Ulcers Division of	地址/邮编 Address/post code	北京市丰台区南苑公 No. 3, Gongsuo Huto District, Beijing (100	ng, Nanyuan, Feng	
临床诊断 Clinical diagnosis	1. 右髋部压疮合并感染 (3 期); 2. 2 型糖尿病; 3. 高血压病; 4. 冠心病; 5. 脑梗死后遗症 1. Pressure ulcer and infection of right hip (grade Ⅲ); 2. Type Ⅱ diabetes; 3. Hypertension; 4. Coronary heart dease; 5. Sequelae of cerebral infarction					
病史情况 Medical history	患者因右髋部皮肤溃烂 1 月余人院。既往有 2 型糖尿病、高血压病、冠心病病史数年。 Admitted into the hospital due to skin ulceration of right hip for over 1 month. The patient has type II diabetes, hyperter sion and coronary heart disease for many years.					
专科情况 Specialized check-up	患者溃疡创面位于右髋部股骨大转子处,创面面积约 4.5 cm × 3.5 cm,深达深筋膜,潜腔面积约 9.5 cm 6.5 cm,创腔有较多脓性分泌物和坏死筋膜组织,部分创面覆盖黑色痂皮。 There was an ulcer at the greater trochanter of femur of patient's right hip at the size of about 4.5 cm × 3.5 cm, extendideep to fascia. The hidden cavity was about 9.5 cm × 6.5 cm, with much purulent secretion and necrotic fascial tissues the wound cavity. Partial wound surface was covered with black crust.					
治疗情况 Treatment	患者人院后阶段性使用技 后规范应用原位再生医疗 月,无明显瘢痕增生,则 After the admission, antib remove the necrotic fascia of MEBT/MEBO. 208 day nine-month follow up show	了技术治疗。208 d 后 缶床效果满意。 iotics was used periodi and tendon tissues on t ys later, the wound he	创面愈合,愈合过程 cally for anti-infection a he wound surface and in aled smoothly, with no	顺利,无疼痛、出血等 nd the wound was mana wound cavity, followed pain and hemorrhage or	萨不良反应; 随访 9 ged with debridement by normative application other adverse reaction	

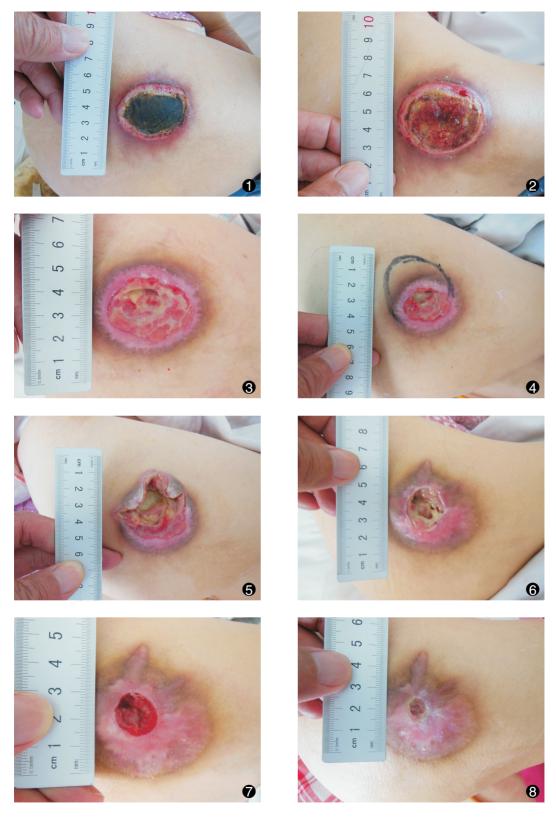


图 1 人院时创面情况;图 2 治疗 3 d 后创面情况;图 3 治疗 41 d 后创面情况;图 4 治疗 53 d 后创面情况;图 6 治疗 68 d 后创面情况;图 6 治疗 68 d 后创面情况;图 8 治疗 68 d 后创面情况

Fig. 1 The wound condition on admission; wound condition 41 days after the treatment; wound condition 68 days after the treatment; wound condition 168 days after the treatment; Fig. 2 The wound condition 3 days after the treatment; Fig. 4 The wound condition 53 days after the treatment;

Fig. 3 The

Fig. 7 The

Fig. 5 The

Fig. 6 The wound condition 135 days after the treatment;
Fig. 8 The wound condition 182 days after the treatment



图 9 治疗 236 d 后创面情况;图 10-11 出院后 50 d 随访时创面愈合情况;图 12-13 出院后 127 d 随访时创面愈合情况;图 14-15 出院后 260 d 随访时创面愈合情况

Fig. 9 The wound condition 236 days after the treatment; Fig. 10-11 The healing condition of the wound in the follow-up after discharge for 50 days; Fig. 12-13 The healing condition of the wound in the follow-up after discharge for 127 days; Fig. 14-15 The healing condition of the wound in the follow-up after discharge for 260 days

病例 5: 任某某, 女, 91 岁

Case 5: REN XX, Female, 91 yrs old

患者姓名 Name of patient	任某某 REN XX	性 别 Gender	女 Female	年 龄 Age	91 岁 91 yrs old	
职业	农民	民族	汉族	婚姻	已婚	
Occupation	Peasant	Ethnicity	Han	Marital status	Married	
患者住址 Address	北京市丰台区和义农场 Heyi Farm, Fengtai Distric	ct, Beijing		邮 编 Post code	100076	
入院日期 Date of admission	2014 - 03 - 06		出院日期 Date of Discharge	2014 - 05 - 08		
住院时间 Ouration of hospitalization	62 d	62 d 经治医生 Attending doctors			琴 LI Qing, ZHANG Tai-	
经治医院 Hospital	北京市丰台区南苑医院》 Burns Wounds & Surface Fengtai Nanyuan Hospital,	e Ulcers Division of	地址/邮编 Address/post code		·所胡同3号(100076 ong,Nanyuan,Feng 0076)	
临床诊断 Clinical diagnosis	1. 右髋部压疮合并感染 1. Pressure ulcer and infe ease; 5. Sequelae of cerel	ction of right hip (gra				
病史情况 Medical history	患者因右髋部皮肤溃烂 2 月余人院。既往有 2 型糖尿病、冠心病、高血压病史数年。 Admitted into the hospital due to skin ulceration of right hip for over 2 months. The patient has type II diabetes, coror heart disease and hypertension for many years.					
专科情况 Specialized check-up	患者右髋部股骨大转子处可见面积约 4.5 cm × 3.5 cm 的溃疡创面,深达筋膜,部分创面覆盖黑色痂皮,创内有较多脓性分泌物和坏死筋膜组织。 There was ulcer at the greater trochanter of femur of patient's right hip, at the size of about 4.5 cm × 3.5 cm, extend deep to fascia, with a lot of purulent secretion and necrotic fascial tissues in the wound cavity, and partial wound surfaves covered with black crust.					
治疗情况 Treatment	患者人院后阶段性使用抗再生医疗技术治疗。62 c生,临床效果满意。 After the admission, antibinecrotic fascia and tendon days later, the wound healed showed the wound healed	d 后创面愈合,愈合 iotics was used periodic tissues on the wound s led smoothly, with no	过程顺利,无疼痛、出 cally for anti-infection; a urface, MEBT/MEBO pain and hemorrhage	出血等不良反应; 随访 after the debridement wa was applied normatively or other adverse reaction	1 个月,无明显瘢痕 s performed to remove to to manage the wound.	



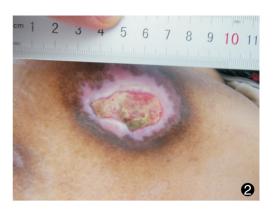




图 1 人院时创面情况;图 2 治疗 7 d 后创面情况;图 3 治疗 62 d 后创面愈合良好

Fig. 1 The wound condition on admission; Fig. 2 The wound condition 7 days after the treatment;

Fig. 3 The wound healed well 62 days after the treatment

病例 6: 朱某某, 女, 57 岁

Case 6: ZHU XX, Female, 57 yrs old

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患者姓名	朱某某	性别	女	年 龄	57 岁	
Name of patient	ZHU XX	Gender	Female	Age	57 yrs old	
职业	农民	民族	汉族	婚 姻	已婚	
Occupation	Peasant	Ethnicity	Han	Marital status	Married	
患者住址 Address	广西省桂平市 Guiping City, Guangxi Pro	ovince		邮 编 Post code	537200	
人院日期 Date of admission	2014 - 07 - 21		2014 – 12 – 15			
住院时间 Duration of hospitalization	148 d		经治医生 Attending doctor	杨勇华 YANG Yong-hua		
经治医院 Hospital	广西省桂平市中医医院 Guiping TCM Hospital of (Guangxi Province	地址/邮编 Address/post code		城西街 523 号(537200) Street, Guiping Town, ti Province(537200)	
临床诊断 Clinical diagnosis	1. 左足糖尿病足(3 级);2. 2 型糖尿病 1. Diabetic ulcer of left foot (grade Ⅲ);2. Type Ⅱ diabetes					
病史情况 Medical history	患者于 2 个多月前无明显诱因出现左足红肿、疼痛,无发热畏寒、头晕头痛、胸闷乏力、多饮多尿等症状。有后于当地卫生所输液治疗(具体不详),但病情反而加重,足底破溃、渗液,自行敷药治疗。近日来,左足约肿、疼痛继续加重,足底创面渗液,迁延不愈,为求进一步治疗遂来本院就诊。入院时,患者神清,精神好尚能站立行走,低热,无畏寒,无胸闷乏力,纳寐一般,二便调。患者既往有 2 型糖尿病病史 4 年,一直服务(二甲双胍 + 格列本脲)治疗,未规律监测血糖,血糖控制情况不详。 The patient presented with inflammation and pain in his left foot without obvious cause over 2 months ago, without symptoms such as fever, chill, dizziness, headache, chest tightness, fatigue, polydipsia or polyuria. Then the patient was given transfusion treatment in the local health centre (no exact details were given), but the condition aggravated, with ulce ation and seepage in the foot sole, which was treated with some ointments at home. In recent days, the inflammation ar pain of the left foot aggravated seriously and the wound delayed to heal with more exudates, so the patient was admitted our hospital for further treatment. The patient had clear consciousness, good spirit and can stand up and walk on admi sion, with mild fever but no chill, chest tightness and fatigue, with ordinary diet and sleeping and normal urination ar defecation. The patient had diabetes for 4 years and always took metformin and glyburide for treatment, without regulational diabetes for 5 years and always took metformin and glyburide for treatment, without regulations of blood glucose monitoring. The conditions of blood glucose control were unknown.					
专科情况 Specialized check-up	患者左足可见面积约4.0 cm×8.0 cm 的足底至足背贯通的溃疡创面,渗液、红肿、疼痛明显;未触及左足背动脉搏动。左足 X 线检查结果示:未见异常。 The patient's left foot had an penetrating ulcer from planta pedis to dorsalis pedis at the size of about 4 cm×8 cm, wi obvious exudation, swelling and pain; the pulse of left foot dorsalis pedis artery was impalpable. X-ray examination for lefoot; no abnormalities.					
治疗情况 Treatment	人院后完善相关检查,司营养支持等全身治疗;同合,愈合效果满意。 After the admission, relevations by insulin, fighting in circulation and supplying whole-course application of	司时,患足行外科? ant examinations wer fection based on the nutrition; meanwhil	f创术,术后全程应用是 e done and systemic treat results of wound bacterial e, the wound was mana	B肤原位再生医疗技术 ments were given includ culture and drug sensiti ged with surgical debrio	治疗, 148 d 后创面愈 ing controlling blood glu- ve test, improving micro-	



图 1 人院时创面情况;图 2 – 8 应用原位再生医疗技术治疗过程中创面情况;图 9 应用原位再生医疗技术治疗 148 d,创面愈合

Fig. 1 The wound condition on admission; Fig. 2-8 The wound condition during the application of MEBT/MEBO; Fig. 9 The wound healed after the application of MEBT/MEBO for 148 days

病例7: 林某某, 女, 60岁

Case 7: LIN XX, Female, 60 yrs old

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患者姓名	林某某	性别	女	年龄	60 岁		
Name of patient	LIN XX	Gender	Female	Age	60 yrs old		
职业 Occupation	农民 Peasant	民 族 Ethnicity	汉族 Han	婚姻 Marital status	已婚 Married		
Occupation		Ethnicity	пап		Married		
患者住址 Address	广东省茂名市 Maoming City, Guangdong Province			邮 编 Post code	525000		
人院日期 Date of admission	2015 - 03 - 03		出院日期 Date of Discharge	2015 - 05 - 02			
住院时间 Duration of hospitalization	60 d		经治医生 Attending doctor	陈铮 CHEN Zheng			
经治医院 Hospital	广东省韶关市第一人民图 Shaoguan First People's Province		地址/邮编 Address/post code	广东省韶关市东堤南 No. 3, Dongdi South Guangdong Province (Road, Shaoguan City,		
临床诊断 Clinical diagnosis		1. 右足糖尿病足(4 级);2. 2 型糖尿病 1. Diabetic ulcer of right foot (grade Ⅳ);2. Type Ⅱ diabetes					
病史情况 Medical history	患者于 3 个月前无明显诱因出现右足第 4 趾足背皮肤溃烂,未予规范治疗; 2 个月后因创面进行性加重,于当地医院治疗,予以坏死第 4 趾切除术,术后创面延迟不愈,且继续扩大; 1 个月前右足第 5 趾也因坏死而均除,但创面持续流脓,迁延不愈,遂来本院就诊。既往有 2 型糖尿病病史若干年。 The patient presented with skin ulceration in his dorsum pedis of the right fourth toe without obvious cause 3 months ago which was not given normative treatment; 2 months later, the patient was admitted to the local hospital due to wound aggravation and the necrotic fourth toe was removed. After the operation, the wound didn't heal and continued to enlarge; month ago, the right fifth toe was also removed due to necrosis, but the wound continued to discharge pus and didn't heal so the patient was admitted to our hospital. The patient has diabetes for many years.						
专科情况 Specialized check-up	患者右足第4 趾掌连接处的足背皮肤可见面积约3.0 cm×4.0 cm 的溃疡创面,深达骨质,右足第4、5 趾缺如右足红肿、疼痛明显,并发湿性坏疽、坏死性筋膜炎、脓肿及骨髓炎。X 线检查结果示:右足第4、5 趾骨颌如,第4、5 跖骨远端骨质破坏;下肢血管彩超示:右股浅动脉、腘动脉 100% 闭塞。 The dorsum pedis skin at the connection of palmaris and plantaris of the right fourth toe had an ulcer at a size of abor 3.0 cm×4.0 cm, extending deep to sclerotin and the defect of the right fourth and fifth toes was observed; the right fourth and with obvious pain, which was complicated by wet gangrene, necrotizing fasciitis, abscess and osteomyelitis X-ray examination: defect of the right fourth and fifth phalanxes and destruction of distal sclerotin of the fourth and fifth metatarsal bones; Vessel CDU for lower extremities: 100% occlusion of superficial femoral artery and popliteal artery.						
治疗情况 Treatment	人院后完善相关检查,予以抗感染、通血管、改善微循环、调控血糖、口服拜阿司匹林等全身综合治疗时,创面全程予以外科清创术 + 原位再生医疗技术治疗,60 d 后创面愈合良好。 After the admission, relevant examinations were done and systemic treatments were given including anti-infection, recanalization, circulation improvement, blood glucose control and oral administration of Aspirin Enteric-coated Tal meanwhile, the wound was treated with surgical debridement and MEBT/MEBO, and 60 days later, the wound he well.						



图 1 人院时创面情况;图 2 – 3 清创术中创面情况;图 4 – 8 应用原位再生医疗技术治疗过程中创面情况

Fig. 1 The wound condition on admission; Fig. 2-3 The wound condition during the debridement; Fig. 4-8 The wound condition during the application of MEBT/MEBO



图 9 – 11 应用原位再生医疗技术治疗过程中创面情况;图 12 应用原位再生医疗技术治疗 60 d,创面愈合

Fig. 9 -11 The wound condition during the application of MEBT/MEBO; Fig. 12 The wound healed after the application of MEBT/MEBO for 60 days

病例 8: 赵某某, 女, 75 岁

Case 8: ZHAO XX, Female, 75 yrs old

患者姓名	赵某某	性别	女	年 龄	75 岁		
Name of patient	ZHAO XX	Gender	Female	Age	75 yrs old		
职 业	农民	民 族	汉族	婚 姻	已婚		
Occupation	Peasant	Ethnicity	Han	Marital status	Married		
患者住址 Address	广东省 Guangdong Province			邮 编 Post code	510000		
人院日期	2015 - 03 - 09	出院日期					
Date of admission	2013 - 03 - 07		Date of Discharge	2015 - 04 - 17			
住院时间 Duration of hospitalization	49 d		经治医生 Attending doctor	陈强 CHEN Qiang			
经治医院 Hospital	广东省台山市中医院 Taishan TCM Hospital of (Guangdong Province	地址/邮编 Address/post code	广东省台山市台城沙岗湖路 100 号(529200) No. 100, Shaganghu Road, Taicheng Town Taishan City, Guangdong Province(529200			
临床诊断 Clinical diagnosis	偿) 1. Diabetic ulcer of both f	 双足糖尿病足 (3 级); 2. 糖尿病视网膜病变; 3. 糖尿病外周神经病变; 4. 2 型糖尿病; 5. 肝硬化 (9 偿) Diabetic ulcer of both feet (grade Ⅲ); 2. Diabetic retinopathy; 3. Diabetic peripheral neuropathy; 4. Type Ⅱ betes; 5. Cirrhosis (decompensated) 					
病史情况 Medical history	患者于 1 个月前被热水烫伤双足背,自行治疗后未见好转,创面流脓,遂来本院就诊。既往有 2 型糖尿病病虫若干年。 The patient's dorsum of both feet was scalded by hot water 1 month ago and the scald was not improved after the treatmer by herself at home. The patient was admitted to our hospital due to seepage and festering on the wound surface. The patient has diabetes for many years.						
专科情况 Specialized check-up	患者左足足背可见 2 处证处面积约 3.0 cm × 5.0 c 死性筋膜炎和化脓性腱鞘 The patient's left dorsum right dorsum pedis had 1 u and aching, with the pulse tenosynovitis; CDU for low formation.	m 的溃疡创面,深达 肖炎;下肢血管彩超; pedis had 2 ulcers, at alcer at the size of 3.0 es of popliteal artery ar	足骨;双足红肿、疼病、双下肢动脉硬化并 the sizes of 3.0 cm×5. cm×5.0 cm, all exter d dorsalis pedis artery p	痛,可触及腘动脉和足手多发斑块形成。 0 cm and 1.0 cm×1.0 c nding deep to foot bones alpable, and necrotizing	背动脉搏动,并发坏 em respectively, and the the feet were inflamed fasciitis and suppurative		
治疗情况 Treatment	人院后完善相关检查,可技术治疗,49 d 后创面复After the admission, relevand nutrition support; meawound healed well.	愈合,愈合效果满意 ant examinations were	done and systemic treati	ments were given including	ng blood glucose control		



图 1-2 人院时创面情况;图 3-4 清创术后创面情况;图 5-12 应用原位再生医疗技术治疗过程中创面情况

Fig. 1 -2 The wound condition of the feet on admission; Fig. 3 -4 The wound condition after the debridement; Fig. 5 -12 The wound condition during the application of MEBT/MEBO



图 13 – 20 应用原位再生医疗技术治疗过程中创面情况;图 21 – 22 应用原位再生医疗技术治疗 49 d,创面愈合

Fig. 13 -20 The wound condition during the application of MEBT/MEBO; Fig. 21 -22 The wound healed after the application of MEBT/MEBO for 49 days

病例 9: 蒙某某, 男, 75 岁

Case 9: MENG XX, Male, 75 yrs old

患者姓名	蒙某某	性别	男	年 龄	75 岁		
Name of patient	MENG XX Gender		Male	Age	75 yrs old		
职业 Occupation	退休 Retired	民族 Ethnicity	汉族 Han	婚 姻 Marital status	已婚 Married		
患者住址 Address	广西省南宁市 Nanning City, Guangxi Pr	ovince		邮 编 Post code	530000		
人院日期 Date of admission	2014 – 11 – 19		出院日期 Date of Discharge	2015 - 05 - 16			
住院时间 Duration of hospitalization	179 d		经治医生 Attending doctors	覃文玺、李杰辉 QIN Wen-xi, LI Jie-hui			
经治医院 Hospital	广西中医药大学第一附属 The First Affiliated Hospit sity of Chinese Medicine		地址/邮编 Address/post code	广西省南宁市东葛路 89-9 号(530023) No. 89-9,Dongge Road,Nanning City,Gu- gxi Province(530023)			
临床诊断 Clinical diagnosis	1. 右足糖尿病足 (5 级) 1. Diabetic ulcer of right			ostatic hyperplasia			
病史情况 Medical history	涂 "云南白药" "紫药对明显,无发热,为求进一胀,纳寐可,夜尿 2 次, The patient presented with special treatment . 2 week tient himself, but it did no ripheral tissues were inflar treatment. The patient was distension, and with gener	患者于1个月前因右足不慎擦伤致右足第5 趾局部皮肤破溃、疼痛,未予特殊处理。2 周前溃疡加重,自行外涂"云南白药""紫药水"等治疗,未见好转,局部创面逐渐变黑、坏死,伴有恶臭,周围组织红肿,触压痛明显,无发热,为求进一步治疗遂来本院就诊。入院时,患者无法下地行走,无发热,无胸闷不适,无腹痛腹胀,纳寐可,夜尿2次,大便正常。患者既往有2型糖尿病病史若干年。 The patient presented with ulceration and pain of local skin of his fifth toe of right foot due to accidental abrasion without special treatment . 2 weeks ago, the wound aggravated and was treated with Yunnan Baiyao and gentian violet by the patient himself, but it did not turn better. Local wound gradually became black, necrotized and smelled badly and the peripheral tissues were inflamed, with obvious tenderness but no fever. The patient was admitted to our hospital for further treatment. The patient was not able to walk on admission, without fever, chest tightness, abdominal pain or abdominal distension, and with general sleeping condition and regular bowel movement and 2 times of urination at night. The patient had the history of diabetes for many years.					
专科情况 Specialized check-up	患者右足第 5 趾乌黑坏死、干枯,基底部呈环状溃疡面,面积约 8.0 cm²,第 5 趾近端外侧皮肤瘀黑,表皮浮脱,有少许脓液及淡黄色液体,伴有明显恶臭;右足底可见 1 处面积约 2.0 cm×3.0 cm 的水疱,未破溃;右足背及小腿下段肿胀,触压痛明显,皮温高;右足足背动脉搏动未触及,并发坏死性筋膜炎、化脓性腱鞘炎及骨髓炎。右足 X 线检查结果示:右足第 5 趾及周围软组织改变;下肢血管彩超示:双下肢股总动脉、股浅动脉、腘动脉、胫前动脉、胫后动脉、足背动脉粥样硬化伴斑块形成,左侧胫后动脉闭塞,右侧胫后动脉远端狭窄。 The patient's fifth toe of right foot was black,necrotized and dry and the wound base had a ring-like ulcer at the size of about 8.0 cm². The proximal lateral skin of the fifth toe was bruised, with epidermis floated and sloughed, little pus and light yellow liquid seeping out, and stinky odor; the right planta pedis had a blister, at the size of about 2.0 cm×3.0 cm, without ulceration; the right dorsalis pedis and shank were swollen, with obvious tenderness and higher skin temperature; the pulse of right foot dorsalis pedis artery was impalpable, and necrotizing fasciitis, suppurative tenosynovitis and osteomyelitis were observed. X-ray examination for right foot; Change of the fifth toe of right foot and peripheral soft tissues; CDU for lower extremities; Atherosclerosis and plaque formation in common femoral arteries of both lower extremities, superficial femoral artery, popliteal artery, anterior tibial artery, posterior tibial artery and dorsalis pedis artery; obliterans in left posterior tibial artery and distal stenosis of right posterior tibial artery.						
治疗情况 Treatment	人院后完善相关检查,评估患者病情,予以胰岛素控制血糖,根据创面分泌物培养及药敏试验结果给予染、纠正低蛋白血症、改善微循环、中药内服益气活血等对症支持治疗;同时,患足行清创减压术及坏死剜除术,术后全程应用皮肤原位再生医疗技术治疗,逐步行药刀结合蚕食清创,治疗 179 d 后创面愈合,效果满意。 After the admission, relevant examinations were done to assess the patient's condition and symptomatic and suppressed by giving insulin and anti-infection based on the results of tion culture and drug sensitive test, correcting hypoalbuminemia, improving microcirculation and replenishing Qi and vating blood with Chinese medicine, and meanwhile, the wound was treated with debridement decompression and net tissues enucleation, and then MEBT/MEBO was applied through the whole treatment course, plus the gradual surgic croaching debridement. 179 days later, the wound healed well.						



图 1-2 人院时创面情况;图 3-12 应用原位再生医疗技术治疗过程中创面情况 Fig. 1-2 The wound condition on admission; Fig. 3-12 The wound condition during the application of MEBT/MEBO



图 13-20 应用原位再生医疗技术治疗过程中创面情况;图 21-22 应用原位再生医疗技术治疗 179~d,创面愈合

Fig. 13 -20 The wound condition during the application of MEBT/MEBO; Fig. 21 -22 The wound healed after the application of MEBT/MEBO for 179 days

病例 10: 樊某某, 男, 47岁

Case 10: FAN XX, Male, 47 yrs old

患者姓名 Name of patient	樊某某 FAN XX	性 别 Gender	男 Male	年 龄	47 岁 47 yrs old	
职业	农民	民 族	汉族	Age 婚姻	已婚	
Occupation	Peasant	Ethnicity	Han	Marital status	Married	
患者住址 Address	山西省太原市 Taiyuan City, Shanxi Prov	rince		邮 编 Post code	030000	
人院日期 Date of admission	2015 - 03 - 19		出院日期 Date of Discharge	2015 - 11 - 01		
住院时间 Duration of hospitalization	227 d		经治医生 Attending doctors	秦国强、丁明华、张 QIN Guo-qiang, DING	旭 Ming-hua, ZHANG Xu	
经治医院 Hospital	中铁十二局集团中心医院 Wound Repair Division o China Railway 12th Burea	f Central Hospital of	地址/邮编 Address/post code	山西省太原市迎泽西 No. 359, Yingzexi Stree Province (030053)	大街 359 号(030053) et, Taiyuan City, Shanx	
临床诊断 Clinical diagnosis	1. 左足糖尿病足 (5级) 1. Diabetic ulcer of left fo				Type II diabetes	
病史情况 Medical history	患者于 2 个月前无明显诱因出现左足底皮肤破溃,无疼痛、流脓,自行予以消毒换药治疗,期间破溃处反复结痂、破溃。近 1 周来,破溃处皮肤红肿、流脓,继而红肿蔓延至整个足底,疼痛明显,不能行走,为求进一步治疗遂来本院就诊。患者既往有糖尿病病史 20 余年,平素血糖控制差。入院时,患者高热,精神状态差,饮食、睡眠差,体重减轻,大小便正常。 The patient developed skin ulceration in his left planta pedis without obvious causes 2 months ago, with no pain and pus discharge, so he disinfected and dressed the ulcerated region by himself at home, during which the ulceration festered and formed scab repeatedly. In recent 1 week, pus discharge, redness and swelling occurred on the ulceration and then redness, swelling and obvious pain occurred in the plantar, which made the patient unable to walk, so the patient was admitted to our hospital for further treatment. The patient had diabetes for more than 20 years, with blood glucose usually poorly controlled. The patient had high fever, bad spirit, poor diet and sleeping, weight loss but normal urine and defecation on admission.					
专科情况 Specialized check-up	患者左足明显肿胀,足底、足背、足踝内外侧、小腿外侧均可见溃疡创面。左足底创面面积约5.0 cm×4.0 cm,深达骨膜,与第4、5 足趾间隙贯通,有淡黄色脓液流出,可见肌腱、筋膜、肌肉等组织坏死。左足拇趾背面皮肤发黑,高度红肿,可见多处溃疡创面,探查最深处深达骨膜,肌腱、筋膜、肌肉等组织均坏死。有黄色脓液及淡红色渗液流出,伴有恶臭。左足踝内外侧均可见溃疡创面,探查可见潜腔顺肌腱向小腿方向延伸,周围组织高度红肿,足踝外侧部分关节腔暴露,关节液渗出,足跟处肌肉、肌腱、跟腱等组织均坏死。小腿外侧创面面积约10.0 cm×20.0 cm,皮肤高度红肿,有液波感,清创后探查部分创面深达骨膜,部分肌肉、筋膜、肌腱等组织坏死,有脓液渗出,伴有恶臭。左足 X 线检查结果示:左侧胫腓骨轻度骨质疏松,局部软组织缺损;下肢血管彩超示;双下肢动脉硬化闭塞症。 The patient's left foot was obviously swollen and planta pedis, dorsum pedis, medial and lateral ankle and lateral shank all had ulcers. The left plantar pedis had an ulcer at a size of 5.0 cm×4.0 cm, extending deep to periosteum and reaching the gap between the 4th and 5th toes, with light yellow pus seeping out on the surface, and necrosis of tendon, fascia and muscle were observed. The blackened surface of big toe was noted on left dorsum pedis, with obvious stench and severe inflammatory skin. Multiple ulcers were observed and the deepest wound extended to periosteum by probing. Necrosis of tendon, fascia and muscle were observed, with stinky yellow pus and light red exudate seeping out with stench. Ulcers were observed on both medial and lateral left ankle, and the hidden cavity extended towards the shank along the tendon, peripheral tissues were very red and swollen and joint cavity on lateral ankle was exposed, with joint fluid seeping out. Necrosis of tissues such as muscle, tendon and Achilles tendon on the heel was observed. Lateral shank had an ulcer at a size of about 10.0 cm×20.0 cm and the skin was very red and swollen with the fluid sensation. After the debridement, partial ulcers were probed extending deep to periosteum and partial muscle, fascia, tendon were necrotized, with pus seeping out and stinky odor. The peripheral skin was also very red and swollen. X-ray examination for left foot; Mild osteoporosis of left tibiofibula and local soft tissue defect. CDU for lower extremity: Atherosclerosis obliterans in both lower extremities.					
治疗情况 Treatment	人院后完善相关检查,了解全身及各脏器功能,予以胰岛素调控血糖、抗感染、抗氧化、活血化瘀、维持解质平衡、营养支持等全身综合治疗;同时,创面予以外科清创术 + 原位再生医疗技术规范治疗,227 d面愈合,愈合效果满意。 After the admission, relevant examinations were done to understand the performance of the whole body and every orga accordingly systemic treatments were given including blood glucose control by giving insulin, anti-infection, anti-tion, blood circulation promotion and stasis removal, water and electrolyte balance maintenance and nutrition su meantime, the wounds were given surgical debridement and normative application of MEBT/MEBO and 227 days					

the wound healed well.



图 1-2 入院时创面情况;图 3-4 清创术中创面情况;图 5-10 应用原位再生医疗技术治疗过程中创面情况

Fig. 1 -2 The wound condition on admission; Fig. 3 -4 The wound condition during the debridement; Fig. 5 -10 The wound condition during the application of MEBT/MEBO



图 11 – 18 应用原位再生医疗技术治疗过程中创面情况;图 19 – 20 应用原位再生医疗技术治疗 227 d,创面愈合

Fig. 11 -18 The wound condition during the application of MEBT/MEBO; Fig. 19 -20 The wound healed after the application of MEBT/MEBO for 227 days