

# Decubitus Ulcer Management: Maggot Therapy Versus Plastic Surgeons

*Maggot therapy has never shown prevent osteomyelitis and death. LTACs may provide level of care for hospital or nursing home acquired decubitus ulcer patients.*

LOS ANGELES, CA, UNITED STATES, January 24, 2024 /EINPresswire.com/ -- "Flap closure is rarely

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Literature indicates that patients with Stage IV pelvic decubitus ulcers who aren't treated with flap closure have 44%+ risk of being readmitted with complications.. and 17% have died within 1 year."

*Greg Vigna, M.D., J.D.*

a readily available option in these complex patients due to their malnutrition, immobility, inability to offload, and other factors, such as immunosuppression," states Caitlin Trottier, MD, Tufts Medical Center, Boston, Massachusetts

What else did Dr. Trottier report in "Maggots: Antimicrobial Stewards and Life Savers" published in *Annals of Internal Medicine: Clinical Cases*. e230693 (2024)?

The report shared findings including: "A 74-year-old man with ...admitted from rehabilitation due to nonhealing and

progressive sacral decubitus ulcer, which probed to bone measuring... Further surgical interventions were not considered as the debridements were only making the wound bigger... and the medical and surgical services recommended hospice... He had 2 additional cycles of maggot therapy and was managed with aggressive offloading and wound care with negative-pressure wound therapy. The wound subsequently demonstrated clinical improvement with healthy granulation tissue."

To learn more about Dr. Trottier's experience with maggots visit:

<https://www.acpjournals.org/doi/abs/10.7326/aimcc.2023.0693>

[Dr. Greg Vigna](#) wound care expert, national decubitus ulcer attorney states, "The standard of care for the management of Stage 4 decubitus ulcers hasn't changed since I was a resident at Baylor College of Medicine in the Physical Medicine and Rehabilitation program from 1993-1996:

1. Pressure reliefs every two hours or activity limited to a Clinitron Bed.
2. Reliable nutrition by mouth or via PEG tube.
3. Surgical debridement to remove all necrotic tissue and dead bone.

4. Flap closure after soft tissue infection is controlled and at the time there is evidence of granulation tissue at the wound base to a positive nitrogen balance to allow for healing of a flap."

Dr. Vigna explains, "There are Long-Term Acute Care Hospitals (LTACs) that provide this level of care for patients and those who suffer hospital or nursing home acquired decubitus ulcers deserve to be referred to the LTACs that can offer it after risk versus benefits of surgical closure versus conservative management have been described."

Dr. Vigna concludes, "Maggot therapy has never been shown to prevent osteomyelitis and death. Up to date literature indicates that patients with Stage IV pelvic decubitus ulcers who aren't treated with flap closure have over a 44% risk of being readmitted with complications of osteomyelitis and 17% have died within 1 year. I find it very troubling that Tuffs, being a major academic medical center, are directing patients with decubitus ulcers to hospice, who are clearly salvageable at the LTACs with specialty wound care programs that include myocutaneous flaps. I was able to provide this level of care at a LTAC in Ruston, Louisiana, without the benefit of infectious disease doctors with plastic surgeons who wanted to save some lives."



Dr. Greg Vigna

To learn more about outcomes of flap versus conservative management of decubitus ulcers, visit: <https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

Greg Vigna, MD, JD, is a national malpractice attorney and an [expert in wound care](#). He is available for legal consultation for families and patients who have suffered decubitus ulcers because of poor nursing care at hospitals, nursing homes, or assisted living facilities. The Vigna Law Group, along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide.

The [Decubitus Ulcer Help Desk](#) can provide more information and resources.

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