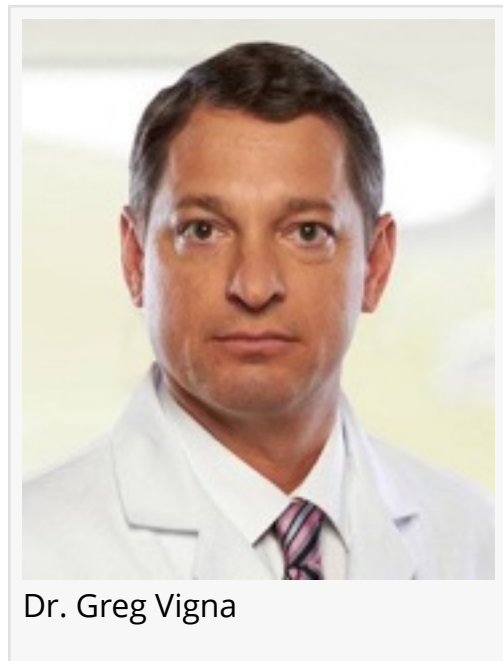


# Decubitus Ulcer Related Osteomyelitis: “A Neglected Disease”

*Evaluating ineffective care that is provided at LTACs for those who suffer Stage 3 and Stage 4 decubitus ulcers*

SANTA BARBARA , CALIFORNIA , UNITED STATES , February 5, 2024 /EINPresswire.com/ -- “Stage IV pressure ulcers most commonly affect the tissue overlying the sacrum, ischial bones, and femoral heads, and therefore pressure ulcer-related osteomyelitis is typically found in these locations ... The goal of our study was to describe the epidemiology of pressure ulcer-related pelvic osteomyelitis, including the clinical presentation, diagnostics, management, and outcomes of this understudied condition” ... Dr. Stephen Liang, MD, Washington University of Medicine.



Dr. Greg Vigna

What did Dr. Stephen Liang report in “Pressure Ulcer-Related Pelvic Osteomyelitis: A Neglected Disease?” in Open Forum Infectious Disease, Vol. 2, Issue 3, 2015?

“Most patients received osteomyelitis-directed antibiotics (153; 70%), 134 of 153 (88%) of which were scheduled to receive  $\geq 6$  weeks of treatment.

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Long-term acute care hospitals for ‘specialized wound care’ that don’t offer plastic surgery consultation and flap reconstruction for a patient with sacral, ischial, and hip decubitus ulcers must end.”

*Greg Vigna, MD, JD*

Fifty-five (25%) patients underwent surgery during the index admission; 48 (22%) patients received a combined medical-surgical approach. One third of patients had  $\geq 2$  readmissions during the subsequent year.

Patients treated with a combined approach (surgical and IV antibiotics) were less likely to be readmitted than those who received antibiotics alone.”

To learn more from Dr. Liang:

<https://academic.oup.com/ofid/article/2/3/ofv112/2460460>

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, “We know patients with Stage IV decubitus ulcers involving the hips, ischium, coccyx, and sacrum do poorly if they are not directed toward plastic surgeons with the skills to cut out the dead and necrotic bone that is chronically infected at the base of Stage IV bedsores at the time of myocutaneous flap coverage. There is no benefit for patients to be referred to lesser long-term acute care hospitals who do not provide that flaps as the outcomes are bad. An informed consent as to treatment options must include treatments for cure which is flap closure.”

Dr. Vigna concludes, “The ongoing advertising by long-term acute care hospitals for ‘specialized wound care’ that don’t offer plastic surgery consultation and the opportunity for flap reconstruction for a patient with sacral, ischial, and hip decubitus ulcers must end. There is a 17% of death for those who are not treated for cure with flap coverage and there is a 44% risk of readmission due to complications related to osteomyelitis in patients with serious decubitus ulcers.”

Dr. Vigna concludes, “We are evaluating hospital acquired and nursing home acquired decubitus ulcers and the care that they provide. We are also evaluating ineffective care that is destined to fail that is provided at LTACs for those who suffer Stage 3 and Stage 4 decubitus ulcers that is not supported by the current literature.”

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.

Resources:

[https://issuu.com/academyccm/docs/post\\_acutecare](https://issuu.com/academyccm/docs/post_acutecare)

<https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

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