MATERIALS & METHODS

Molecular Weight Hyaluronic Acid (Bionect, Innocutis) is a major component of the extracellular matrix of connective tissues that partially blocks the COX-2 inflammatory pathway and therefore allows for a steroid-free regimen for inflamed skin. It is also thought that HA surface two times per day. Wound surface should be covered with a sterile gauze pad after application. Patients were advised to clean and disinfect skin prior to spray use. Previous Treatments: Spongiform dermatitis. Diagnosis per Biopsy: Erythematous/purple plaques, macerated and scaling rash bilaterally in a moccasin aspect of the foot with scaling. Description of Skin: Type I diabetes, asthma. Medical History: Hypercholesterolemia, tinea pedis. Treatment Plan Modified to: Medrol dose pack, Ketoconazole. Previous Treatments: 1. Hydrocortisone 1%. 2. Urea 40% bid, Triacinolone acetonide. Previous Treatments: 1. Ciclopirox qd and Keflex 250mg qid. Previous Treatments: 1. Over the counter moisturizer. 2. Urea 40% bid, Triacinolone acetonide. 3. Aveeno 1% cream bid. Treatment Plan Modified to: LMW-HA bid to affected, prescription strength moisturizer bid. Description of Skin: Hyperpigmentation represented by area (length x width) ± SD in mm. *Hyperpigmentation significant level of pruritis, patient satisfaction and change of pigmentation by student doctor and senior podiatrist detailing what it means. This is an open-label single arm study on patients with stasis dermatitis on the lower leg. Subject involvement and characteristics include six female and male patients (age 31-78) who have been previously diagnosed with stasis dermatitis on the lower leg. Upon initial visit, patients were assessed by means of re-evaluation, which consisted of a serum insulin and venous pooling standing level of pruritis, patient satisfaction and change of pigmentation. Level 1, normal pruritis; level 2, minimal pruritis; level 3, moderate pruritis; level 4, severe pruritis Result of this study suggest that the abundance of LMW-HA in the dermis, epidermis and stratum corneum, along with its water-binding capacity, allows hydration of this skin in tissue inflammation, resulting in less pruritis and hyperpigmentation. Although further studies are required, this study suggests the multifactorial roles of LMW-HA in treatment of both periwound skin and superficial ulcers.