International Journal of Clinical and Medical Case Reports

# An Unusual Clinical Presentation Of A Patient With Left Leg Ulcer Challenges In Management

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**Received Date:** 21 Jan 2026
**Accepted Date:** 09 Feb 2026
**Published Date:** 14 Feb 2026

**Citation:**
Deepali Ghungrud. An Unusual Clinical Presentation Of A Patient With Left Leg Ulcer Challenges In Management. International Journal Clinical and Medical Case Reports, 2025; 7: 1-2

## Clinical Image

A 60-year-old female patient was apparently alright 2 months then she had a history of trauma due to wooden splinter bleb formation over left leg. Then she was admitted to Private hospital where redebridement was done, history of fever spike present on and off episodes not associated with chills and rigor or diurnal variation. History of burning micturation present with anemia. History of Foleys catheterization present.

Patient was admitted for same complained 2 months back in a private hospital, and was managed conservatively. History of 4 sitting of debridement. This patient is known case of bronchial asthma since 20 years on rotahalar. No complained of diabetes mellitus. History of angiography 7 years back for chest pain.

Wound examination was done. Left lower limb ulcer size 15x10CM over dorsal aspect of left lower limb with hyper granulated tissue 3x2cm ulcer over left lower limb.

Patient investigation revealed that, HB was 6%. ECG and chest X-ray were within normal limits. Patient was HBsAg reactive status. Fibroscan was done. Which was stiffness (kPa) median: 4.7, IQR/median: 18%, measurements: success rate 100%, valid / Total: 8/8, UAP (db/m) median 19 review gastroenterology opinion was obtained. Patient was started in Tab. Entecavir 0.5 MG

Medicine opinion was obtained for fitness for surgery. Vaccum assisted dressing was applied for 7 days. After that, patient underwent debridement under spinal anesthesia. 2 MM skin graft harvested from interior posterior and medial aspect of left thigh using humby's knife and meshing done. Patechial hemorrhage noted from the base of donor site. Dressing done using bactigrass and Vaseline gauze, splint applied for immobilization. Intraoperative due to excessive blood loss patient was having tachycardia and hypotension. Patient was transfused two units of PRC after blood grouping and cross matching intraoperatively. Postoperatively which patient became vitally stable. Multiple cultures were sent during the course of period before planning wound swab was sent which was suggestive of growth of Klebsiella pneumonia: sensitive to Tigecycline. Urine culture was sent suggestive of growth of E.coli. Sensitive Tobramycin, tissue culture was sent suggestive of pseudomonas aeruginosa resistant to higher antibiotic tested. Post operatively patient was managed with IV antibiotics analgesics supportive management and regular dressings. 3 RD PRC transfusions were done. Nephrologist's opinion was taken microscopic Hematuria and was adviced stop Vitamin B complex. Hydrationb. Donor site was opened on POD 8. Healthy granulation tissue present. No slough, pus noted. Donor area kept opened. Orthopedics opinion was taken, pain in left knee joint and was advised X-ray left knee, hot fomentation, and tab ultracet given. Patient is vitally stable and symptomatically better and hence being discharged from the hospital.

**Keywords:** Left leg ulcer, challenges, management, infection control.

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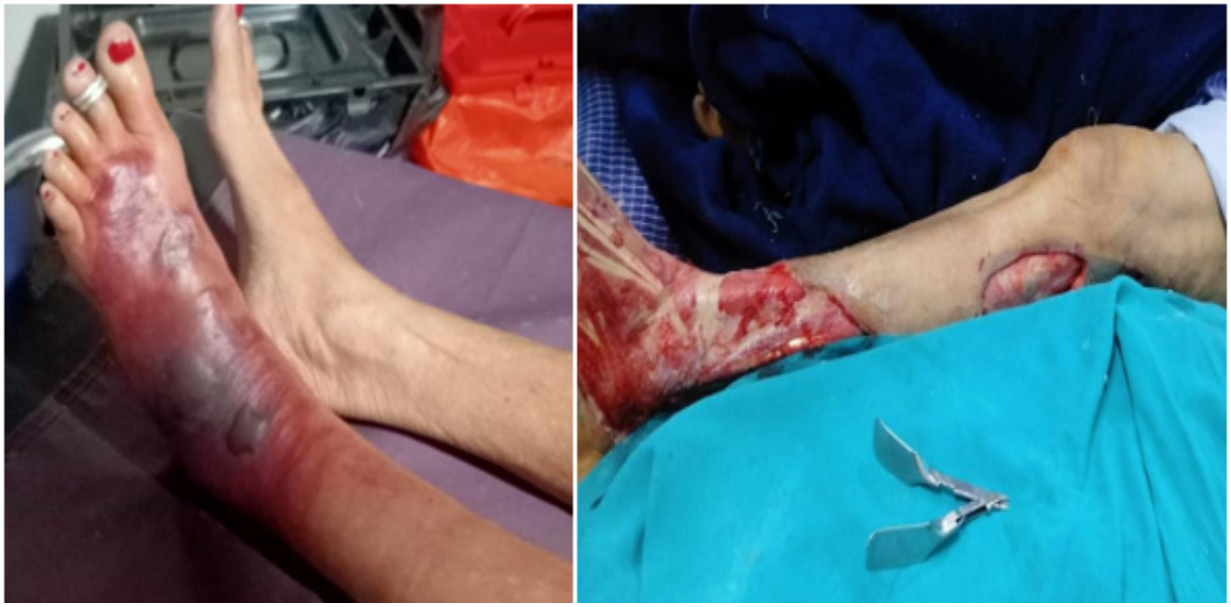

**Figure 1:** Condition of wound prior to surgery.

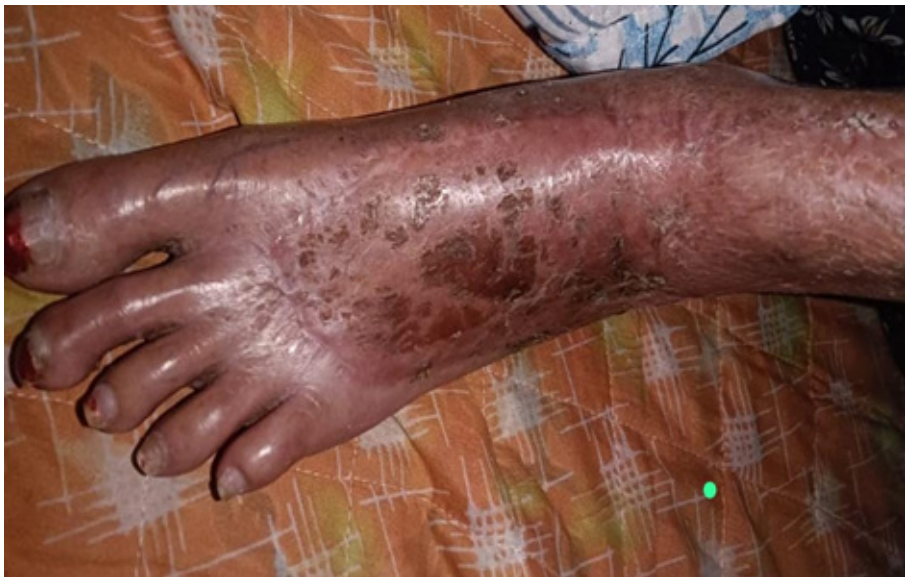

**Figure 2:** Post-operative wound condition