Hypochlorous Acid Improves Venous Leg Ulcer Healing:
Circulating epithelial cell precursor recruitment and control of biofilm bacteria appears to foster healing by enhancing epithelial daughter cell division

**Treatment**
- Topical Hypochlorous Acid (HOCl) at weekly clinic visits
- Weekly Soft Debridement of VLUs with HOCl pretreatment

**Outcome**
- Complete VLUs healing after five weeks of topical HOCl + fuzzy wale elastic compression

**Conclusion**
- Topical HOCl + elastic compression rapidly improved stasis dermatitis and healed VLUs in five weeks. Clinical average is ~9 weeks for recurrent VLUs with minimal comorbidities
- Topical HOCl controls of biofilm bacteria, which stimulates circulating epithelial precursor cell recruitment and daughter cell reproduction
- Fuzzy wale elastic compression drives edema fluid out of the wound bed which stimulates circulating epithelial precursor cell recruitment and daughter cell reproduction

**Problem**
- Recurrent VLUs x 6 months
- Weeping Lymphorrhea with Congestive Heart Failure
- Noncompliant with CHF Rx
- Morbid Obesity
- Trapeziectomy, pulmonary hypertension

**Treatment**
- Traumatic K calf hematoma with necrosis of the overlying skin
- Anticoagulation for atrial fibrillation
- Hx nonhealing venous leg ulcers

**Outcome**
- Hematoma and overly necrotic skin "healed" in 3 weeks
- Clinic average for calf healing ~7 - 10 weeks

**Conclusion**
- HOCl irrigation of hematoma cavity accelerates healing
- Elastic compression removes inflammatory mediators from the ectopic blood

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