A 71-year-old male patient presented with a venous leg ulcer (VLU), having incurred a crushing injury and fracture requiring surgical repair 16 years earlier. The wound initially responded well to advanced wound products and compression then stalled. The patient’s history was significant for obesity, smoking one cigar daily, hypertension, and lower extremity venous insufficiency. Medications included amlodipine and lisinopril. Review of the literature for drug side effects yielded cell culture and case studies of the mediating effect of angiotensin converting enzyme inhibitors (ACEI) on collagen deposition in cutaneous wounds. Sun et al. (1997) demonstrated significant ACEI-induced attenuation of collagen-I deposition in wounds. ACEI have reportedly been used to prevent or minimize keloid formation (Iannello et al.). A collagen-containing alginate dressing was added to the treatment regimen; the wound resolved within 2 weeks. The authors speculate on effect(s) of ACEI and collagen-containing products in cutaneous wound healing.

**SIGNIFICANCE**

VLU often results in decreased quality of life, despair, impaired productivity, and significant health care costs. After application of appropriate compression and debridement of necrotic tissue, an individualized assessment of barriers to healing may be needed, including review of medications that may alter progression through any of the four stages of healing (hemostasis, inflammation, proliferation, remodeling). Collagen is integral to all stages. Collagen-I mediates wound contraction, epithelial migration and signal transduction through the extracellular matrix. Collagen-based dressings can provide collagen-I to actively promote epithelial migration across granulation tissue.

**REFERENCES**
