

USE OF A NEW LIPIDO-COLLOID ABSORBENT MATRIX IMPREGNATED WITH NOSF*, IN THE LOCAL MANAGEMENT OF VENOUS LEG ULCERS

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A pathophysiological feature of ulcers that are not healing, with no improvement or even exacerbation, is abnormally exaggerated proteolytic activity due to insitu release of Matrix Metalloproteinases (MMPs).

These enzymes continuously exert their lytic activity on the protein components of the extracellular matrix (native collagen, elastin, fibronectin) with no feedback, preventing all possibility of tissue reconstruction.

NOSF is an innovative compound produced by URGO Research and Development having demonstrated Matrix Metalloproteinase-inhibiting properties. Combined with a lipido-colloid interface (TLC) and attached to an absorbent dressing, this compound is now available in the form of a dressing suitable for the particular constraints of leg ulcer treatment (**URGOCELL® START**).

The authors report their experience with this new dressing in the treatment of ulcers that are "difficult", since they are longstanding and stagnant and are no longer responding to well-managed standard treatments.

For all the cases reported, the use of this new dressing led to a resumption in the healing process from the first month, followed-up until complete healing. This selection of cases illustrates the results of the vast comparative clinical study** conducted on 117 patients with the product.

Patient no.1

82 year-old obese female patient (BMI = 35.9) hospitalised for assessment of a post-varicose venous leg ulcer present for 11 months, which was recurrent and in the process of worsening.



The initial surface area of the wound is 8.70 cm² and the skin around the ulcer is much damaged: purpuric pigmented dermatitis, atrophie blanche and lipodermatosclerosis. At W12: Epidermal progression, with good-quality granulation. Wound surface: 1.6 cm² (planimetric reduction of 81%). There was a very marked improvement in the skin around the lesion.

Patient no.2

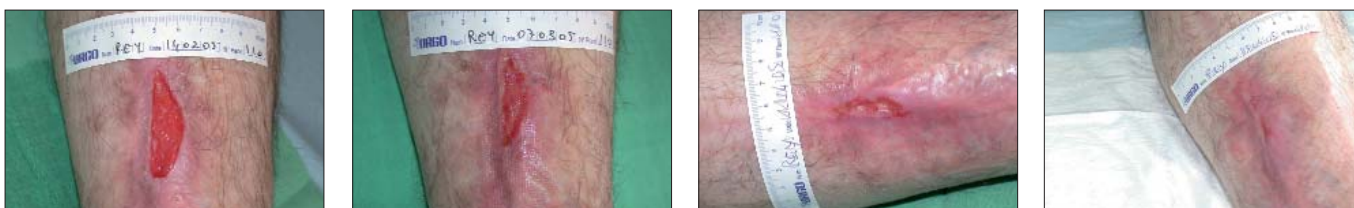
51 year-old female patient, obese (BMI = 32.3), hypertensive for 5 years. Chronic venous insufficiency treated by venous stripping of the left leg in 2001.



Consultation for assessment of a leg ulcer which had been present for 4 months without any improvement under a greasy dressing and associated single-layer compression. Internal sub-malleolar, atonic ulcer, with a surface area of 2.7 cm², surrounded by a halo of purpuric pigmented dermatitis. Total healing achieved from W8. Epithelialisation in the process of consolidation.

Patient no.3

38 year-old male patient, with no history other than post-varicose venous insufficiency.



Unusual appearance of the leg ulcer, for which a post-traumatic origin is suspected due to its location. The ulcer measures 5.55 cm² and has been present for 8 months. The sclero-inflammatory peripheral epidermis is obstructing healing. Appearance at W10: Definitive healing and epithelialisation in the process of consolidation. Slightly inflammatory appearance of the residual scar linked to mechanical tension due to the location.

CONCLUSION

The different clinical situations presented above illustrate difficult cases, due to the longstanding and resistant nature of the ulcers despite previous well-managed treatment. The introduction of local treatment with the TLC-NOSF absorbent dressing* leads to a resumption in granulation and balanced healing dynamics from the first week, as demonstrated by the planimetric and iconographic recordings determined throughout the follow-up period.

* Brand name: The TLC-NOSF absorbent matrix* is URGOCELL® START (Cellostart) from Laboratoires URGO.
** Schmutz J.-L. "Evaluation of the efficacy and tolerability of the TLC-NOSF dressing versus Promogran® in the treatment of venous or predominantly venous mixed leg ulcers" This study was funded by a grant from Laboratoires URGO, France.