

SEQUENTIAL TREATMENT OF VENOUS LEG ULCERS WITH AN ANTIBACTERIAL* AND NEUTRAL ABSORBENT DRESSINGS**

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INTRODUCTION

We evaluated the usefulness of the an antibacterial* (URGOCELL®Silver) then neutral absorbent dressings** (URGOCELL®Non-Adhesive) in 10 patients with venous ulcers with signs of inflammation suggesting excessive bacterial colonisation that could be responsible for stagnation of the healing process.

DESCRIPTION OF PATIENTS AND WOUNDS

Patients : 3 women and 7 men, average age 77.9 years (56-91). History: hypertension (6/10), smoking (3/10), diabetes (2/10), phlebitis (2/10). 8/10 patients wore compression. 1/10 also had moderate peripheral arterial occlusive disease.

Wounds : 1/10 patients had 2 ulcers and 2 patients had a recurrent ulcer. The average duration of the ulcers was 13.1 months (1 month to 6 years). In 5 cases out of 10 the ulcer had been present for greater than or equal to 3 months. The wounds had an average size of 17.2 cm² (3 to 40 cm²). In all cases, signs of inflammation were present, usually erythema and oedema associated with marked exudates to varying degrees. 7 wounds were painful, moderately for 5 patients and very intensely for 2 patients.

Case no.1

86 year-old male patient, with no particular history. Incontinence of the right and left internal saphenous vein not having been operated on. Class 2 compression (knee-length socks).

Inflammatory ulcer on the left tibial crest, having developed a week ago following an injury, 3 x 2 cm, presence of purpuric pigmented dermatitis.

The ulcer was treated for 6 weeks with an antibacterial absorbent dressing*, from 5 June to 20 July 2007, the date by which the wound had healed completely.

Total epithelialisation of the wound after 6 weeks of treatment with silver absorbent dressing*.

Excellent tolerance throughout treatment.



25 / 06 / 2007

D+3 weeks after the start of treatment with silver absorbent dressing*
Wound: 2 x 2 cm, 33% reduction.



06 / 07 / 2007

D+1 month
Wound: 1 x 1 cm, 67% reduction.

Case no.2

64 year-old male patient with no significant history. Compression with class 2 knee-length socks. Recurrent left external supra-malleolar venous ulcer, stagnating for 3 months. Presence of atrophie blanche and purpuric pigmented dermatitis lesions on the lower limbs. Treatment of the wound with silver absorbent dressing* was started on 29 May 2007, in a context of inflammatory signs, erythema, oedema, brittle peripheral granulation tissue.

The size of the wound was 10 x 10 cm.

Treatment was stopped on 2 October, the surface area having decreased by 93%.

Treatment was then continued using non-adhesive absorbent dressing**.

The tolerance was excellent throughout treatment.



04 / 06 / 2007

D+5 of treatment with silver absorbent dressing*
Wound: 10 x 8 cm. 20% reduction.



02 / 07 / 2007

D+3 weeks.
Wound: 8 x 6 cm. 52% reduction.



02 / 10 / 2007

D+17 weeks. Wound: 4 x 1.8 cm. 93% reduction.
Silver absorbent dressing* stopped and treatment continued with non-adhesive absorbent dressing** until complete healing.

Case no.3

56 year-old male patient, with no particular history. Does not wear compression. Venous ulcer of the left external malleolus, having developed 3 weeks ago, 3 x 3 cm, depth: 0.5 cm.

Treatment begun with silver absorbent dressing* on 8 May 2007 in the presence of inflammatory signs (erythema, oedema). The wound measured 3 x 3 cm. Silver absorbent dressing* was stopped on 13 September 2007, the wound having completely healed.

Good tolerance of the dressing during treatment.



04 / 06 / 2007

D+4 weeks of treatment with silver absorbent dressing*
Wound: 2 x 2 cm, 56% reduction in surface area.



13 / 09 / 2007

D+4 months - Discontinuation of silver absorbent dressing* treatment. Wound completely healed.

CONCLUSION

10 venous ulcers (including 1 mixed one) out of 11 had a favourable outcome, 3 cases of complete healing, 7 cases of significant reduction in surface area: on average -61% (-30% to -95%) with regression of inflammatory signs. 1 ulcer remained stagnant (present for 6 years) and the patient was admitted to hospital. These results confirm the usefulness of silver absorbent dressing* in the sequential management of venous ulcers presenting signs of inflammation suggesting excessive bacterial colonisation that may be responsible for stagnation of the healing process.

* Brand name: The antibacterial absorbent dressing is URGOCELL® Silver (Cellosorb®Ag) from Laboratoires URGO.

** Brand name: The non-adhesive absorbent dressing is URGOCELL® Non-Adhesive (Cellosorb®Non Adhesive) from Laboratoires URGO.

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