

LEG ULCERS PRESENTING WITH A MAJOR RISK OF SECONDARY INFECTION, AS SEEN IN OUTPATIENT CARE. THE ADVANTAGES OF A LIPIDO-COLLOID MATRIX IMPREGNATED WITH SILVER SALTS*.

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INTRODUCTION

Although it has been widely demonstrated that chronic wounds, particularly leg ulcers, are colonized by pathogenic bacterial flora, it is not considered pertinent to use antibacterial agents systematically during topical care procedures.

However, the onset of local clinical signs (like perilesional erythema, pain between two dressing changes, malodorous wound, abundant exudate, oedema) combined with a stagnating wound may raise the prospect of a local secondary infection. Under these conditions clinicians recommend the use of antibacterial agents.

Herein we report our initial experiences of **Urgotul®Silver**, a lipido-colloid matrix impregnated with silver salts*.

Within a few weeks of using this dressing, on leg ulcers presenting with the clinical signs of heavy bacterial contamination, we noted the re-establishment of the healing process and the significant reduction of the number of previously presenting adverse clinical signs.

Case History 1

84-year-old female patient with cardiac disease and allergic history, presented with an internal malleolar post-varicose ulcer of the left leg, which had been present for 7 months. The patient complained of moderate and frequent pain.

After 4 weeks of treatment with **lipido-colloid silver interface***, good granulation tissue was obtained, following which treatment with an lipido-colloid interface** (**Urgotul®**) was initiated.

After 8 weeks from baseline a surface area reduction of 70% was obtained.



D0 : 16,22 cm²



D12 : 12,34 cm²



D61 : 4,88 cm²



D0: 5.28 cm²



D34: 1.46 cm²

Case History 2

81-year-old female patient with hypertension and sclerosis history and a family history of venous insufficiency presented a recurrent malleolar external post-varicose ulcer, of 3 months duration. The surrounding skin was erythematous, oedematous and macerated. The patient complained of very severe and continuous pain. After a few weeks of treatment with the **lipido-colloid silver interface* product**, a significant reduction of the wound surface area was noted.

Following this improvement the treatment was switched to a **neutral dressing****, without silver salts.

Case History 3

72-year-old female patient with hypertension, a tobacco smoker with a history of allergies and a family history of venous insufficiency, presented with a recurrent post-varicose ulcer on the anterior surface of the right leg, which had been present for one month. The surrounding skin was erythematous, oedematous and macerated. The patient complained of moderate and frequent pain. The **lipido-colloid silver dressing*** was initiated in this wound which also presented with the local signs suggestive of notable bacterial proliferation. A good wound bed of granulation tissue was obtained after four weeks of treatment (27 days) with this dressing and following which a **non impregnated interface dressing**** was applied until full healing.



D0: 19.21 cm²



D17: 17.81 cm²



D56: healed

CONCLUSION

The use of the lipido-colloid matrix impregnated with silver salts* during a specific time scale appears to promote the healing process in these venous leg ulcers. Controlling excessive bacterial growth has shown to be a useful therapeutic strategy in the treatment of wounds in which the healing process seems to be compromised for this reason. Decreasing topical bacterial pressure therefore appears to promote a favourable micro-environment and foster a sustained increase in wound closure rate. These very encouraging results demonstrate the efficacy of the silver interface* for wounds presenting with the local signs of heavy bacterial colonization and this has been supported by a randomized clinical trial in a larger patient cohort.

* Brand name: Lipido-colloid interface impregnated with silver salts is Urgotul®Silver from Laboratoires URGO.

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