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CLINICAL RESULTS ABOUT AN ANTIMICROBIAL SOLUTION* IN THE TREATMENT OF INFECTED CHRONIC WOUNDS

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From 2006 we included a new conception superoxyd antimicrobial solution with significant cleansing activity in the infected wound protocols of treatment.

We evaluated 40 patients with infected wounds following the criteria of Cutting and Harding; analyzed datas have been: pain (VAS), improvement/resolution of the clinical signs of infection, bad odour reduction, white blood cells count and duration of hospitalization.

Patients have been randomized into two groups:

- 1 Group One: systemic antibiotic therapy (Ceftriaxone 2 gr/die + Teicoplanin 400 mg/die + Metronidazolium 1 gr/die) and topical treatment with povidiodine solution (two dressings per day).
- 2 Group Two: systemic antibiotic therapy (Ceftriaxone 2 gr/die + Teicoplanin 400 mg/die + Metronidazolium 1 gr/die) and topical treatment with superoxyd antimicrobial solution soaked cotton gauzes on a layer of non-adherent dressing (two dressings per day).

The results demonstrated a better performance of the superoxyd solution vs povidiodine, especially in terms of reduction of hospitalization times. White blood cells decreased more significantly in group two (about 45%) than in group one (less than 20%). No change about odour in group one; it disappeared almost completely instead in group two. We had very good results about reduction of clinical signs of infection and pain relief too.

*Dermacyn Wound Care

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THE EFFECT OF HYDROBALANCE CELLULOSE DRESSINGS ON HEALING VENOUS LEG ULCERS ON ATROPHIE BLANCHE: A CASE STUDY

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Introduction: Ulcerations arise on *Atrophie Blanche*, scleroses plaque through which teleangiectasias are scattered. They are very painful and represent hard-to-heal ulcers. The hydro balance cellulose dressings* contains water and chlorhexidine gluconate which by hydrating and absorbing exudates from wound, maintained the moisture balance and reduce pain.

Methods: In a small case study were included 5 venous leg ulcers surrounding with very painful *Atrophie Blanche* (wound bed A2, A1, B2 by Falanga's classification and ABPI > 0.8). Acute wound infection was exclusion criteria. The ulcer area was measured before and after the therapy, using a digital planimeter**. Pain assessed before the therapy and at every weekly visit was defined according to scale from 1 to 10. The hydro balance cellulose dressings* were performed. They were applied on ulcer and surrounding skin every 2-5 days depending on the wound situation, for two weeks. Compression therapy with short-stretch bandages system was performed.

Results: Common ulcer area before therapy was 68,8 cm² (average 13.76 cm²) and diminished to 20,8 cm² (average 4,16 cm²) after two weeks therapy with hydro balance cellulose dressings*. The average reduction in size of individual ulcer was 9,6 cm² in two weeks. Pain reduction was obvious after one visit (before therapy score was 40 (average 8), after one dressing changed score was 8 (average 1,6) and at the end of score pain reduction was 1 (average 0,2).

Conclusion: Hard-to-heal and painful venous leg ulcers on *Atrophie Blanche* heal fast with using hydro balance cellulose dressings*. The pain reduction was obviously. There were no irritation or maceration notifications on patients surrounding skin.

*Suprasorb X®, Lohmann-Rauscher

**Placom KP-90N (Japan)