

TREATMENT OF TWO BURN PATIENTS WITH PRESSURE ULCERS USING A HYDROBALANCE DRESSING*

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Introduction:

This paper presents two cases of burn patients with sacral and heel pressure ulcers, which were treated with a HydroBalance* dressing.

Material and methods:

The HydroBalance* dressing is comprised of biocellulose and water. The dressing is able to absorb exudate, to donate fluid and to maintain a moist environment, conducive to wound healing.

Case 1:

Concerns a 44 years-old woman with 10% body surface, third degree burns. After 1 month she developed a black necrotic sacral pressure ulcer of 6 x 7 cm. (fig.1.) She was malnourished, an alcoholic, had depression and neurological disorders.

Prevention measures were put in place. Her 3rd grade pressure ulcer was unsuccessfully treated with NPWT, hydrogel and alginates. After the patient refused surgical intervention, treatment combining a HydroBalance* dressing, covered with a film was started. The ulcer now measured 3 x 4 cm and was 1.5 cm deep. The dressings were changed every other day.

Case 2:

Was a 34 years-old male with second and third degree burns (78% body surface). Relief incisions, surgical debridement and skin grafting and a right forefoot amputation was carried out. He had a 3rd grade pressure ulcer on the heel of his stump of 10 x 4 cm (fig. 3.) and on his left heel of 2 x 2.5 cm. (fig. 4) During 2 months several dressings (hydrogel, SSD, alginate) were used unsuccessfully. The dressing regime was changed to a HydroBalance* dressing (March 31, 2008), covered with a film dressing. Dressing changes took place twice weekly.

Results:

Case 1: The sacral ulcer was almost completely closed three weeks after the treatment with the HydroBalance* dressing was started. (fig. 2)

Case 2: After 6 weeks of treatment the left ulcer on the heel had closed (fig. 5) and after 10 weeks the ulcer on the right stump had also closed (fig. 6) enabling for a foot prosthesis.

CASE 1

March 25 (day 1): The ulcer area was 1 x 0.5 cm and 1.5 cm deep, with light exudate production. The pain level reported by the patient was 3 (on a 10 point Visual Analogue Scale, VAS) .

March 29 (day 5): The ulcer area was reduced to 1 x 0.3 cm and ulcer depth was reduced to 0.2 cm, with no exudate production.

April 2 (day 9): The ulcer is now very superficial.(fig. 2) and the patient reported no more pain.

April 18 (day 25): The ulcer had almost closed, except for a small area (< 1 cm) in the upper part of the ulcer.

HydroBalance* dressing = Suprasorb® X,
Lohmann & Rauscher



Fig. 1



Fig. 2

CASE 2

March 31 (day 1): Ulcer area is 4.5 x 2.5 cm, the ulcer is covered with slough, with light exudate production. The patient reported no pain. There are local signs of infection present and a biopsy is taken for bacterial analysis.

April 21 (day 22): Situation is shown in figure 4.

May 18 (day 49): The left heel ulcer has closed (fig. 5).

June 15 (day 77): The ulcer on the right stump had also closed (fig. 6) enabling for a foot prosthesis.



Fig. 3



Fig. 4



Fig. 5



Fig. 6

Conclusion:

For the patient with the sacral pressure ulcer, in less than one month of treatment with the HydroBalance* dressing, the ulcer had almost closed, except for a small area (< 1 cm) in the upper part of the ulcer.

Treatment with the HydroBalance* dressing for the patient with pressure ulcers on both heels, took less than three months to achieve complete closure (left heel) and enabled a prosthesis (right forefoot) to support his mobility.

The benefits for the caregivers of the HydroBalance* dressing, are ease of use of the dressing and less frequent dressing changes, while the patients benefitted from a shorter time to healing, less pain and more comfort. .

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