

Management of MRSA and pseudomonas infected leg ulcers with polyhexanid.

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The colonization of chronic wound patients with methicillin-resistant staphylococcus aureus (MRSA) is a rapidly increasing problem in Germany (≈15% population, ≈40% chronic wound patients).

Methods:

In Boppard we pursue a strict isolation of incoming patients with a high probability of MRSA. Unknown contamination is revealed in ≈25% of these cases. Chronic wounds of MRSA or pseudomonas infected patients are cleaned with Lavasept® gel (polyhexanide gel) and covered by polyurethane foam (Ligasano®). Since Januar 2008 we tested a new application form of polyhexanide in Suprasorb X + PHMB® (Lohmann & Rauscher®) on 6 patients with MRSA and pseudomonas infected wounds. The observed wounds were leg ulcers. All were debrided surgically, covered with Suprasorb X + PHMB® and a semipermeable outer covering (Solvaline® N). A change of dressing was performed every 2-3 days.

Results:

The following are 3 exemplary cases.

Case 1:

Anamnesis:



65 year old woman, peripheral arterial disease (PAD), polyester graft infection in the groin, thrombophlebitis of great saphenous vein with necrotic ulcers, severe pain (morphine), MRSA +

Therapy: Revascularisation by axillo-popliteal Silvergraft®, wound treatment as described above - since 01.08. still in progress



Outcome:



Limb salvage, reduction of pain (no morphine), wound reduction, MRSA -

Case 2:

Anamnesis:



83 year old woman, chronic venous insufficiency, edema and circumferential ulcers of the lower leg, inflammation, severe pain (morphine), MRSA +, Pseudomonas ++

Therapy:



Peridural katheter with Naropin®, initially hyperabsorber dressing, sur-

gical debridement, wound treatment as described above, compression therapy, mesh-graft

Outcome:



Reduction of edema, inflammation and pain (no morphine), almost complete skin closure, MRSA +

Case 3:

Anamnesis: 71 year old man, vasculitis, MRSA +

Therapy: Wound treatment as described above, change to hyperabsorber (Sorbion sachet®) after 3 days due to extreme wetness, shaving, mesh graft

Outcome: Reduction of pain (no morphine), wound reduction, MRSA +

Conclusions:

The decontamination of MRSA is a hard challenge as long as a chronic wound is present. The reduced time of hospitalisation makes it more difficult to close a wound during hospital stay. Nevertheless the effort to rid the patient of MRSA is recommendable to reduce the risk of patient and staff contamination.

The first results after 6 cases clinically show a promising reduction of wound infection in 4 cases. MRSA eradication was successful in 2 cases. Due to extreme wetness the therapy was changed to hyperabsorbers in 2 cases. Lessons could be learnt concerning the application and removal of the product. The treatment protocol is being adapted. The rapid increase of MRSA urged us to present and discuss these preliminary results.