THE WOUND DRESSING* ON HARD TO HEAL ULCERS: AN ANALYSIS ON 48 DIABETIC PATIENTS

Di Tommaso Donato, <u>Reale Antonio</u>, Pacilio Daniele, Brancario Clementina, Giugliano Marianna, Ciccarelli Maria Carmela

¹SUN, Napoli, Italy, ²VDQ, Napoli, Italy

Introduction: The wound dressing* is a sterile product composed of cellulose, water, and 0,085% of chlorhexidine gluconate. We report about the success of the treatment with the wound dressing* on patients with hard to heal ulcers.

Methods: Treatment of patients with chronic wounds is performed in an interdisciplinary wound care centre according to a comprensive wound care protocol.

Follow up was documented within a special documentation system. For analysis in patients with multiple ulcers the larger ulcer was defined as a primary ulcer. Pain was defined according to a scale (1-10) and assessed the last visit before and 4 weeks after the wound dressing* therapy. Data was analyses using SPSS and is given as median and range. Healing rates were calculated with the long rank test because of different observation periods

Results: We treated 21 patients with venous disease too, 12 with ischemic lesions, 8 with neuropatic lesions, and 7 with ulcers of different associated ethiology.

There were 26 patients with multiple ulcers, 12 with circumferential ulcers and wound size of the other patients was about 12. In 33% there was bone involvement and in 29% initial wound infection evident. The treatment time of unsuccessful therapy before was 18 months, treatment time with the wound dressing* was 4 month.

There was no intolerance or allergy to the wound dressing* and in 54% of the patients pain reduction was evident already one visit after start of the wound dressing* therapy.

The over all healing rate was 58% within the time of treatment. The healing rate of neuropatic ulcers was 61%, of ulcers with venous disease too 44%, and for the ischemic ulcers 15%.

Conclusion: These patients had hard-to-heal ulcers, demonstrated by base line characteristics and the time duration of unsuccessful therapy before. However, there was an over all healing rate of more than 55%.

Ischemic diabetic ulcers did not respond to the wound dressing* therapy. In contrast to other wound dressing the wound dressing* was well tolerated, no allergy or skin irritation was found and an obvious pain reduction was found.

Prospective studies are underway to evaluate the impact of the wound dressing*.

^{*} Suprasorb