

CLINICAL EXPERIENCE IN TREATING NON-HEALING LEG ULCER WITH GEL SILVER SULFADIAZINE 1% POLYMER SURFACTANT*

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INTRODUCTION

Approximately 35% of patients treated in the Vulnotherapy of the Army Military Hospital in Rome suffer from venous leg ulcers, on average at first visit the common factors of this kind of wounds are:

- 1)TIMING AT LEAST 6 WEEKS
- 2)WOUND BED INACTIVE
- 3)INFECTION
- 4)INADEQUATE BANDAGE

In this case report we started to use a gel with polymer surfactant with silver sulfadiazine 1% in venous leg ulcer with sloughy tissue, blocked edge wound and critical colonization sign

MATERIAL AND METHODS

84 years old woman, anamnesis revealed diabetes, cardiomyopathy, extensive phlebitis of the lower limbs and lymphedema (change wound dressing more than twice a day) suffering a six years old recalcitrant bilateral chronic wound not to responding to conventional care, colonized by multi-resistant pseudomonas aeruginosa treated with antiseptic applications and short-stretch bandage ABPI 0,8. For topic treatment after wound cleansing were applied in very easy way a dressing obtained from smear polymer surfactant gel with silver sulfadiazine 1% on a TNT gauze



Dressing were changed initially every 2 days and this interval was prolonged to every five days with association of compression therapy by inelastic bandage, rest and antibiotic therapy I.V. after antibiogram

RESULTS

During the first two weeks there was a decrease of exudate and microbial load, after the third week the wound showed evidence of granulation and epithelialization and the therapy was well tolerated especially underneath bandage. After 4 weeks wound bed was reduced to a small, superficial, slightly exuding ulcer. Treatment was continued until full epithelialization

AFTER 2 WEEKS



AFTER 1 MONTH



CONCLUSIONS

The clinical outcome showed the effectiveness of the gel silver sulfadiazine 1% polymer surfactant in treatment of recalcitrant chronic infected wound of the lower limbs

