

# Local treatment of delayed healing wounds in the wound healing unit

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## INTRODUCTION

The new François-Xavier Michelet Centre houses the surgical specialities division, including the burns department, the plastic surgery department and the wound treatment unit. As part of our patient consultations in this unit, we follow-up patients with post-traumatic or post-surgical wounds (skin grafts, flaps) with delayed healing and, increasingly, patients suffering from chronic wounds.

The factors leading to delayed healing are numerous and may be related to the patient (hypertension, smoking, chronic arterial and/or venous disease, diabetes, etc.) but also to the wound itself (complex traumatic wounds, course punctuated by episodes of infection (in particular, osteitis), extensive or deep wounds exposing bones or tendons, a history of radiation, etc.).

## PATIENTS AND WOUNDS

In these patients with debrided wounds, not or no longer presenting any signs of local infection but not healing after 3 to 8 months of appropriate local treatment (including negative pressure therapy), we started local treatment with the **new NOSF absorbent lipido-colloid dressing\***. The patients had an average age of 59 years. 50% presented several wounds (1 to 5). The average size of these wounds was 15.4 cm<sup>2</sup> (5.3-26), and in half of the cases one or more tendons were exposed.

## RESULTS

The healing process was re-triggered by the **NOSF absorbent lipido-colloid dressing\***, with the development of good-quality granulation tissue, even over tendon zones, thereby permitting good epithelialisation and wound closure.

## CLINICAL CASE STUDY

57 year-old male patient with hypertension, high cholesterol, insulin-dependent diabetes for 9 years, peripheral arterial disease (PAD), amputation of the 4<sup>th</sup> right toe due to infected necrosis in August 2007, right arteriography revealing proximal axes and permeable tibial arteries. A wound developed on the top of the foot over the amputation site with deep necrosis exposing the tendons.

Local treatment with the **NOSF absorbent lipido-colloid dressing\*** was begun on 9 October 2007, the wound had a surface area of 22 cm<sup>2</sup> (6.3 x 3.5 cm) and a depth of 1 cm.

On 16 October 2007, excision of bony sequestra was performed. Treatment was continued until 7 June 2008 and led to a 97% reduction in the wound, which was almost closed, apart from an area of 0.6 cm<sup>2</sup>. Treatment was then continued using a **light absorbent lipido-colloid contact layer\*\***.



The NOSF absorbent lipido-colloid dressing\* stopped since the wound was practically closed

## CONCLUSION

In these patients with post-traumatic, post-surgical (skin grafts, flaps) or chronic wounds, not healing after 3 to 8 months of appropriate local and systemic treatment, the **new NOSF absorbent lipido-colloid\*** dressing seems to us to be a useful treatment alternative for these wounds in which other treatments have generally failed.

\* Brand name: the NOSF absorbent lipido-colloid dressing\* is UrgoCell® START (Cellostart) from Laboratoires URGO.

\*\* Brand name: the light absorbent lipido-colloid contact layer\*\* is Urgotul® Duo from Laboratoires URGO.