Management of delayed healing post-traumatic wounds that have become chronic

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INTRODUCTION

The wounds encountered are post-traumatic wounds, initially open or closed, sometimes sutured but subsequently presenting zones of necrosis. In some patients, a skin graft has even been performed but, despite appropriate local treatment (treatment of local infection, careful wound cleaning at each dressing change), these wounds have become chronic, with it having become impossible to achieve complete epithelialisation.

PATIENTS AND WOUNDS

We tested the **new NOSF absorbent lipido-colloid dressing***, a metalloproteinase inhibitor, indicated for stagnant, slow-to-heal wounds. Our series of patients consisted of 50% men and 50% women, with an average age of 63 years (33-83), presenting one or more post-traumatic wounds not healing after an average of 3 months of appropriate treatment.

RESULTS

The **new NOSF absorbent lipido-colloid dressing *** was used for an average of 17 days (12-21). In all cases, healing was rapidly obtained and was either completeor 90%. Treatment was then continued using a neutral interface (**light absorbent lipido-colloid contact layer**) ** until complete epithelialisation.
The tolerance of the dressing was good for all patients.

PATIENT 1

*82 year-old man, who had a fall in his garden in August 08 causing multiple haematomas and a wound on the right forearm. Mechanical debridement of the wound and covering with **a light absorbent lipido-colloid contact layer*****.
*The wound was seen again several times in August and demonstrated a lack of granulation tissue formation. The wound was atonic. Local treatment with the **NOSF absorbent lipido-colloid dressing*** was begun on 1 September.
At D+3, granulation tissue had covered the surface of the wound and at D+6, 70% of the wound was epithelialised. Treatment was stopped at D+12, with the wound being 95% epithelialised. Treatment was then continued with the **light absorbent lipido-colloid contact layer****.*


The **NOSF absorbent lipido-colloid dressing*** begun on 01/09/08


D+3 (03/09/08)


D+6 (06/09/08) **: 70% of the surface epithelialised**


D+9 (09/09/08)


D+12 (12/09/08) **: 95% epithelialisation**

PATIENT 2

*33 year-old woman. Road traffic accident, with fall from moped with loss of consciousness. The external surface of her right calf was trapped under the exhaust pipe and suffered 3rd-degree burns. The patient was seen a few days after performance of a meshed skin graft. The upper 1/3 of the donor site on the inside surface of the right thigh, which had not healed 3 weeks after the graft was taken, was treated for 3 weeks with the **NOSF absorbent lipido-colloid dressing *** (22/07 to 11/08/08). The **NOSF absorbent lipido-colloid dressing *** led to complete epithelialisation at D +20.*

*The grafted zone, which still had a central necroticthen atonic area, was also treated with the **NOSF absorbent lipido-colloid dressing*** for 3 weeks from 14/08 to 4/09/08.*

*Healing was re-triggered under the **NOSF absorbent lipido-colloid dressing***, with the formation of granulation tissue followed by epithelialisation.*


D0 (22/07/08)


D+2 (24/0708)


D+20 (11/08/08) **: Complete epithelialisation**


D0 (14/08/08)


D+ 22 (04/09/08) **: Epithelialisation > 95%**

CONCLUSION

We have included the **new NOSF absorbent lipido-colloid dressing*** in our protocol for the management of post-traumatic wounds that have become chronic and which, due to stagnation of the healing process and non-closure, often become a site of local infection further perpetuating the delay in healing.

* **Brand name: The NOSF absorbent lipido-colloid dressing * is UrgoCell® START from Laboratoires URGO.**

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

*** **Brand name: The lipido-colloid contact layer *** is Urgotul® from Laboratoires URGO.**