

# HYPEREXUDING PRESSURE SORES: A NEW TREATMENT TO AVOID MACERATION

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**Background and Aims:** after removing non viable tissues, pressure ulcers usually show a good granulating tissue, but very often there is a significant quantity of exudate that can cause problems to the edge of the wounds. Aim of this work is to demonstrate that there is a new treatment to achieve a quicker healing, controlling better the exudate and avoiding maceration.

**Methods:** we enrolled 20 patients with clean and granulating deep pressure sores (WBP score A3) with maceration signs on the edge, all treated with adsorbent dressings inside (Alginate or Hydrofiber) and as secondary dressing (Polyurethane Foam). We changed the local treatment only using in addition a spray powder (SiO<sub>2</sub>-Ag+Chlorex) containing silicon dioxide, ionic silver and chlorexidine\*. The dressing protocol consisted in covering the wound bed with an uniform layer of spray powder before using alginate or hydrofiber. After four weeks of treatment we evaluated the wound edge conditions and the frequency of dressing changes.

**Results:** all wounds had a statistically significant reduction of dressing change frequency: 2.78 days per dressing in 4 weeks of treatment versus 2,07 days per dressing (reduction of the total number of dressings of about 25.6%); most of them improved the edge conditions (80%) with a satisfactory new skin production, without maceration signs. No worsening nor adverse reactions.

**Conclusions:** the use of SiO<sub>2</sub>-Ag+Chlorex spray powder demonstrated that this new technomolecular dressing can significantly reduce the exudate, converting A3 wounds in A2 or A1 in a few time; this dressing works in synergy with the most commonly used adsorbent medications, helping them in the exudate control, really avoiding the maceration complications and reducing the frequency of dressing changes.

\*Kadermin Spray Powder (Pharmaday, Italy)

We included in this work (as Case N°21) a nape wound because of its impressive result within a few time, even if the starting WBP score wasn't A but B. Below you can see the development of the wound.

| MACERATION CONTROL    |                        |                        |
|-----------------------|------------------------|------------------------|
| Wound Edge Maceration | Beginning of the study | End of study (4 weeks) |
| Maceration            | 14 (70%)               | ---                    |
| Light Maceration      | 6 (30%)                | 4 (20%)                |
| No Maceration         | ---                    | 16 (80%)               |

| DRESSING CHANGE FREQUENCY |                        |                        |
|---------------------------|------------------------|------------------------|
| Wounds Localization       | Beginning of the study | End of study (4 weeks) |
| Sacral Wounds             | 6 (30%)                | 2,00 days              |
| Buttock Wounds            | 3 (15%)                | 2,15 days              |
| Hip Wounds                | 4 (20%)                | 2,12 days              |
| Heel Wounds               | 7 (35%)                | 2,08 days              |
| All Wounds                | 20 (100%)              | <b>2,07 days</b>       |

Dressing Change Frequency: number of days per dressing (mean)



The patient developed this wound within a few weeks in an Intensive Care Unit. After autolytic debridement, we dressed the wound with an even layer of spray powder, hydrofiber and polyurethane foam. (8 dressings within 4 weeks)

References:  
Ferrari M, Bignozzi CA, Dissette V. Antibacterial powders based on anionic silicon or titanium dioxide absorbed with pharmaceutically active cations. PCT/IB 2013/054647



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