

NON INFECTIOUS VENOUS LEG ULCERS: A NEW PROTOCOL SUGGESTION

Roberto Cassino

🏭 ICCS "Città Studi" Clinical Institute - Diabetic Foot and Vulnology Treatment & Research Center (Milan - Italy) 🏭

Background and Aims: the "gold standard" in the treatment of Venous Leg Ulcers (VLU) is the elastic compression, independently from the dressing; in any case a good bandage can allow to achieve the healing. Aim of this work is to demonstrate that maybe there are new resources to achieve the complete healing, more quickly than usual.

Methods: we enrolled 50 patients with non infectious VLU (according with Cutting & Harding Criteria), divided into 2 groups of 25 each, all treated with non-adherent dressing and elastic bandage. Group 2 had an additional local treatment with a spray powder containing silicon dioxide, ionic silver and chlorexidine¹ (SiO₂-Ag⁺Chlorex) and a pharmacological support with synthetic diosmin² (900 mg/day). Bandages change once a week. After eight weeks of treatment we evaluated wound area reduction (Visitrak[™] System, S&N), infection onset and patients' wellness (especially "legs heaviness").

¹KAdermin Spray Powder (Pharmaday, Italy)

²Venosmine (Pharmaday, Italy)

Results: all patients had a very good result (mean area reduction higher than 60%) and most of them had a complete healing (12%), but patients included in Group 2 had a more significant reduction of wound area in comparison with the ones of Group 1 (27.6%). No infections in Group 2; on the contrary in Group 1 we had 16% of critical colonization. About wellness, all patients of Group 2 had improvement of their "legs heaviness"; only in 8% of Group 1 we had the same result.

Conclusions: the use of a local antiseptic and a flebotonic drug demonstrated a real synergy, very significant in terms of results (quickest healing time), especially in cost saving and to reduce infectious complications.

GLOBAL RESULTS (50 patients)			
EVALUATION ITEMS		Group 1* (25 patients)	Group 2** (25 patients)
MEAN WOUND AREA REDUCTION	70,9%	62,3%	79,5% (+27.6%)
COMPLETE HEALING	12% (6)	4% (1)	20% (5)
INFECTION/CRITICAL COLONIZATION	8% (4)	16% (4)	
LEGS HEAVINESS RELIEF	54% (27)	8% (2)	100% (25)
*Group 1: non-adherent dressing and elastic bandage **Group 2: non-adherent dressing and elastic bandage + SiO_Ag*Chlorex + Diosmin			

References:

Partsch, H; International Compression Club. Indications for compression therapy in venous and lymphatic disease. International Angio logy 27.3 (Jun 2008): 193-219. Cassino R. et al. Molecular technology for antisepsis and tissue repair. 24th European Conference on Advances in Wound Management – May 14-16, 2014 - Madrid, Spain





Diabetic Foot and Vulnology Treatment & Research Center



ICCS