

# The use of a HydroBalance\* dressing with PHMB on an infected amputation wound

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## Introduction:

This case reports on a 72 years-old patient who was hospitalized in July 2008 for an infected stump wound.

He had insulin controlled type 2 diabetes and macro vascular disease since 6 years. He had a forefoot amputation in February 2008.

## Materials and Methods:

On the stump there was a deep cavity (fig.1) not reaching to the bone (fig. 2), with some exudate production.

Previously various dressings have been unsuccessfully used, such as: alginates and silver dressings.

The patient had received systemic antibiotics before being admitted to the hospital.

His blood tests showed normal markers for inflammation and moderate low albumin levels.

A puncture-biopsy taken from the stump showed positive for MRSA. The MRI taken of the foot did not indicate an infection of the underlying bone.

July 26, 2008 treatment with the HydroBalance\* dressing and polyhexamethylene biguanide (X-PHMB) was started (fig. 3).

The HydroBalance\* dressing is composed of biocellulose and water. The dressing is able to absorb exudate, to donate moisture and to maintain a moist environment, ideally conducive to support wound healing. For the treatment of MRSA present in the wound we opted for the version\* of the dressing with PHMB. Polyhexamethylene biguanide (PHMB) is an antimicrobial shown to be effective against MRSA.

The PHMB dressing\* was used as a wound filler in the cavity (fig. 3) and covered with a surgical pad, fixed with a retention bandage. Dressing changes took place every second day.

## Results:

After 14 days of treatment (fig. 4) there was a marked improvement noted. The cavity was now filled with granulation tissue.

The use of the HydroBalance\* dressing was continued. The dressing was now employed as a primary cover for the superficial wound.

After 28 days of treatment the wound had closed. And the blood values for inflammation stayed normal.

## Conclusion:

Treatment outcome was unsuccessful for this patient's stump wound with systemic antibiotics and various dressings, which were applied over a period of 5 months. However after one month of treatment with X-PHMB\* the infected stump wound was closed.

Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

