

Efficiency of the association of a HydroBalanced biocellulose-based wound dressing* and a collagen wound dressing**

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Introduction

Our aim is to present the efficiency of treatment associating HydroBalanced biocellulose based wound dressing (HWD*) in first intention then a collagen wound dressing based on bovine collagen type I (CWD**) about 3 observations. HWD* is a dressing consisted of biocellulose and water, capable to hydrate and to absorb exudates to maintain an ideal moist environment - as for CWD**.

Case 1

Medical history:

Man 71 years old. Phlebitis with pulmonary embolism, aortic valve and coronary bypass in 2005. Crushing of a knee during an accident: voluminous hematoma and necrosis of soft tissues; surgery not possible.

Previous treatment:

Alginate dressings and activated charcoal dressings with silver + hydrogen peroxide during its caring by HAD. Decision to pass to HWD* because no improvement without modification of others factors.

Assessment of the wound:

The July 9th: circular wound with a diameter of 12 cm, necrosed and fibrined.



Treatment:

HWD* and PU foam as secondary dressing. Change of the dressing every day the first week, then every 2 days.

Evolution:



The July 24th: no part necrosed.



Middle of September: circular wound of diameter 5 cm; tissues of granulation and of epithelisation.



Middle of October: wound of 2 x 1 cm

Case 2

Medical history:

45 years old, paraplegic man further to a fracture of the fifth cervical vertebra. Difficult socioeconomic context: alcohol, tobacco, bad alimentation. This patient is in armchair with physiotherapy of mobilization and alternating mattress.

Previous treatment:

PU foam and alginate dressings then passage to HWD*.

Assessment of the wound:

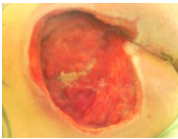
The July 3rd: very deep sacral decubitus ulcer of diameter 25 cm, with parts necrosed and covered with fibrin.



Treatment:

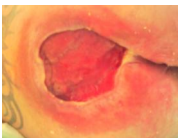
HWD* and PU foam as secondary dressing. Change of the dressing every day the first week then every 2 days.

Evolution:



Stagnation after obtaining a good cleaning.

A nutritional balance is realized and shows an undernutrition (albuminemia to 34 g/l). The installation of a gastrostomy is done as well as the caring by a dietitian and an alcoholic weaning.



The July 18th: passage to a treatment with CWD** because the wound is stagnant. Stop of the treatment on September 25th because the patient abandoned the dietary advices.

Conclusion:

The dressings HWD* and CWD** are very effective but only if there is a patient adherence, notably in this case with a strict life hygiene.

Case 3

Medical history:

Man 80 years old, parkinsonian. This patient is in the coma since November, 2006 further to a subdural hematoma operated twice. He is thus confined to bed permanently, treated by enteral nutrition, alternating mattress and passive mobilization.

Previous treatment:

Debridement with hydrogel and PU foam during 3 months.

Assessment of the wound:

Sacral and peri-anal decubitus ulcers, decubitus ulcers on every hip.



Treatment:

Beginning of the treatment with HWD* and PU foam as secondary dressing in February. Change of the dressing every 2 days

Evolution:



In June, healing and partial fillings of the wounds of the hip and the anus.

In August, in front of the improvement, there is passage to treatment with CWD**.

In September, complete healing of wounds at the level of the hip.

In November, complete healing of the 4 ulcers.

Conclusions

The analysis of these cases allows, our sense, to end on the efficiency of dressings HWD* and CWD** which also present others advantages: simplicity of use, faster healing. But they would not know how to be used without implementation of indispensable sanitary and dietary measures.

* HWD = Suprasorb® X, ** CWD = Suprasorb® C, Lohmann & Rauscher products

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