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INTRODUCTION

Observation of three patients who presented with oncology wounds, which eventually were treated with a HydroBalance dressing*. Three different examples of an original way to apply the HydroBalance dressing* are shown: For wound bed preparation before grafting, or in 2 cases for stimulation of secondary healing of a stagnating wound.

AIM

The purpose of this study is to evaluate the effect of the HydroBalance dressing* on different wound types, treated in an oncology department.

MATERIALS AND METHODS

- Observation and follow up of 3 patients with 3 wounds.
- Clinical evaluation, using clinical case report forms and photo documentation.
- Applied as a primary dressing: HydroBalance dressing* - a biocellulose dressing, which maintains and regulates a moist environment, the dressing can both absorb exudate and donate moisture, depending on the condition of the wound bed.

WOUND CARE REGIME

Frequency: daily for day 1- day 2 – day 3, then dressing changes every two days.

1. Cleansing with saline.
2. Application of HydroBalance dressing* :
 - ✓ cut and shape the dressing to suit the wound bed - in order to prevent peri-lesional skin damage.
3. Secondary dressing and fixation :
 - ✓ For light exudate: A polyurethane, semi permeable film dressing** is used to maintain moisture
 - ✓ For moderate exudate : A sterile adhesive pad*** is used to control excessive moisture

CLINICAL CASE N°1

Mrs P., 36 years-old

Scalp loss of dermal substance, periost and bone, secondary to excision of melanoma.

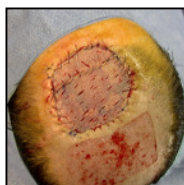
➔ In 1st intention: Use of Negative Pressure Wound Therapy, but ineffective, as the treatment could not cope with excessive perspiration (despite observing good clinical practice regarding the use of NPWT) .



Day1 : regime during 24h



day 16



day 21

CLINICAL CASE N°2

Mrs L., 53 years-old

2nd degree burn of the leg, secondary healing, no skin graft

➔ No evolution since one month despite various mechanical debridement sessions and the application of a variety of modern dressings.



day 0



day 7



at 2 months

CLINICAL CASE N°3

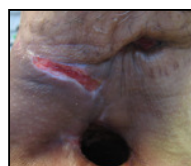
Mr T., 58 years-old

Pressure ulcer stage 3 / caused by a trachea canula

- ➔ Irradiated area, Pseudomonas aeruginosa
- ➔ No evolution despite use of tulle gras and afterwards alginate dressings
- ➔ Application of HydroBalance dressing with polihexanide****



day 0



day 13



day 22



day 37

RESULTS AND DISCUSSION

- For two separate wounds with identical characteristics (loss of dermal substance, periost and bone of the scalp, secondary to excision of melanoma – no factors that may delay wound healing were present), complete wound healing was observed:
 - In 15 days with application of HydroBalance dressing* (clinical case n°1)
 - In 30 days with use of NPWT (other case not presented in this poster)
 - If these results are reproducible, the benefits of this dressing are remarkable (cost, simplicity ...).
- For clinical case n°2 : There was complete epithelialization in 2 months, with an interface at day 21 to day 28, when another dressing was used without success, after which HydroBalance dressing* was continued.
- The HydroBalance dressing* demonstrated advantages in terms of improvement in quality of life (reduction of pain, alternative to hospitalization). The dressing supported regulation of moisture (2 in 1).

CONCLUSION

The 3 cases allowed us to evaluate the clinical performance of HydroBalance dressing* (efficacy, good tolerance) and its qualities for the patients (comfortable, painless). In order to reinforce the benefits of the HydroBalance dressing* a comparative study is required looking at a larger group of patients.

* HydroBalance dressing: Suprasorb® X; Lohmann & Rauscher

** Polyurethane, semi permeable film dressing: Tegaderm®, 3M

*** Sterile adhesive pad: Urgoderm®, Urgo

**** HydroBalance dressing with polihexanide: Suprasorb® X+PHMB; Lohmann & Rauscher