

The use of a hydrogel sheet dressing in the management of pruritis and scarring.

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Patient 1



DEB Pruriginosa.



ActiFormCool® sheet hydrogel dressing in situ.



Large areas to be dressed to provide itch relief.

Introduction

Pruritus is a common and troublesome symptom in many dermatological conditions and can often present at the latter stages of wound healing. Whilst it will be at the forefront of the minds of healthcare professionals working in dermatology, it is often overlooked by the wound care practitioner. Epidermolysis bullosa (EB) is the name given to a group of rare genetic skin fragility disorders where the cardinal symptom is blistering and skin loss in response to minimal trauma or friction. Acute and chronic wounds occur as a result. The practitioner will therefore have to marry dermatological skills with those of the wound care practitioner. There are 4 major forms of the condition; EB Simplex, Dystrophic EB, Junctional EB and Kindlers syndrome. Within these major forms there are a multitude of clinical presentations as the genetic mutations are many and varied. A rare variation of dystrophic EB is EB Pruriginosa (DEB-P) which is skin fragility coupled with intense and unremitting pruritus, which is resistant to both oral and topical treatments. The combination of skin fragility and the overwhelming urge to scratch is a difficult combination as, in the act of scratching, affected individuals cause further skin damage and scarring.

Method

2 patients with a diagnosis of DEB Pruriginosa agreed to try the hydrogel sheet dressing - ActiFormCool®, on areas where pruritus was particularly troublesome. As is common in this condition this was the anterior aspect of the lower legs and ankles. In one patient particularly 'cobble stone' keloid-type scarring was a pronounced and disfiguring feature, whilst the urge to scratch in both was overwhelming, disturbed sleep and had an overall negative impact on quality of life. In addition to the cooling effect of the dressing it was anticipated that the additional benefit would be to protect the area from further damage, particularly during sleep when patients can scratch unawares. Both patients had had numerous, previous largely unsuccessful, anti-pruritic treatments, both topical and in the form of oral medications. Small open areas were also present in both patients at the target sites. As patients are largely self-managing, they were instructed to apply the dressing at a frequency suitable to them and their skin and wound care regime, whilst retaining the top-sheet of the dressing in place to prevent desiccation of the dressing. Patient 1 applied the hydrogel sheet dressing on a daily basis, whilst patient 2 applied the dressing every 3 days. Both continued to use a bland moisturiser on their skin as before.

Results

In both patients the effect was to reduce pruritus within a short time of application of the dressing. Patient 1 benefited particularly from the protective effects of the dressing, whilst patient 2 had no urge to scratch as pruritus was completely gone. Patient 2 also benefited from a dramatic reduction in the pronounced scarring, with most of this tissue being debrided from the area by the action of the dressing by the end of the first week of treatment.

Discussion

Although this poster reports on the very limited experience of use in 2 patients, the very nature of the disorder is its rarity.

Conclusion

Pruritus is an often forgotten symptom which can have a massive negative impact on the quality of life of affected individuals.

References

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Patient 2



Large areas of scarring and pruritis.



Immediate soothing effect after ActiFormCool® application.



Self management by patient.



Improvements in scar tissue and relief from pruritis.