




EFFECTIVENESS OF A TECHNOLOGICAL ANTISEPTIC CREAM IN THE TREATMENT OF SLOUGHY INFECTIOUS PRESSURE ULCERS

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Introduction: the most of debriding dressings are not effective against infections; most of antiseptic dressings cannot be used in case of necrotic wounds. That's why we need to use antibiotic systemic therapy when we must debride a sloughy infected wound. Especially in bedsores it's frequent to have to treat an infectious necrotic wound, but our local therapy has only one target: debridement or antiseptic action. The aim of this study is to demonstrate that there's a dressing that can achieve both targets.

Methods: 10 sloughy infectious pressure ulcers (Cutting & Harding criteria - WBP scores of C) have been enrolled in this study; we treated them with a cream containing silicon dioxide, ionic silver and chlorhexidin ($\text{SiO}_2\text{-Ag}^+\text{Chlorex}$) every 48 hours for 3 weeks. We evaluated the removal of clinical signs of infection and the debridement, until reaching a satisfying granulating tissue (WBP score of B or A).

Results: all wounds improved within the period of observation with complete disappearance of clinical signs of infection and the removal of sloughy tissue, showing a good and viable granulating tissue (7 B and 3 A). The main feature of this dressing is the effectiveness against infection: all clinical signs completely disappeared within the first week of treatment. The complete debridement have been reached in 3 out of 10 cases; the other wounds had a partial debridement (from a WBP score of C to B).

Discussion: this work demonstrated that $\text{SiO}_2\text{-Ag}^+\text{Chlorex}$ is effective not only as antimicrobial dressing, but, in a creamy formulation, as a debrider too. Our suggestion is that an hydrogel with $\text{SiO}_2\text{-Ag}^+\text{Chlorex}$ could be the new approach of all necrotic infectious wounds.

Clinical relevance: the clinical relevance of this study is that this new technological silver dressing can be used with very good results in patients with sloughy infectious pressure sores avoiding a systemic antibiotic therapy, often badly tolerated, especially by elderly people.

SIGNS OF INFECTION & DEBRIDEMENT		
Evaluated items	Intermediate time (10 days)	End of study (3 weeks)
Signs of Infection (Cutting/Harding)	0/10 (-100%)	0/10 (-100%)
Debridement status (WBP score)	1C - 8B - 1A	7B - 3A
Complete debridement	---	3/10 (30%)

Infection Signs (Cutting & Harding Criteria) and Debridement Status (WBP score)



Sacral pressure ulcer
Intermediate time (10 days)
WBP score B2



Sacral pressure ulcer
End of study (3 weeks)
WBP score A2

References:
R.Cassino et al. Molecular technology for antiseptics and tissue repair. EWMA (European Wound Management Association) 24th European Conference on Advances in Wound Management, 2014. Madrid (Spain)



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