

EFFECT OF AN ANTIMICROBIAL DRESSING ON CHRONIC WOUNDS IN ELDERLY PEOPLE

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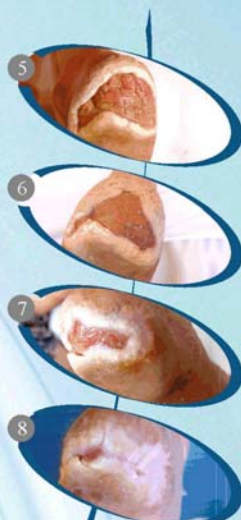
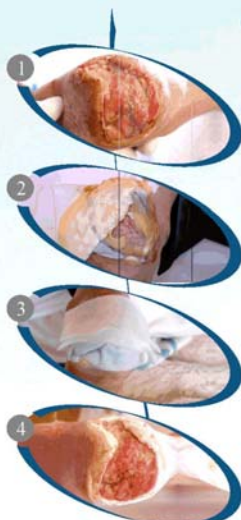
INTRODUCTION

The quality of life of old patients is considerably deteriorated by the apparition of a wound, especially when it becomes chronic. The absence of evolution must cause the review of the ongoing treatment.

GRADE IV PRESSURE SORE ON DIABETIC FOOT

41-year-old male patient, with diabetes mellitus type 1, distal diabetic arteriopathy and haemodialysed because of renal insufficiency. He is being treated with rigorous diet, insulin, diuretics and iron.

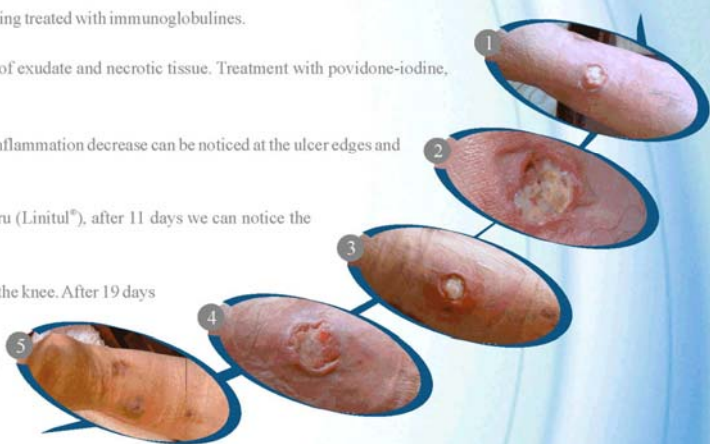
- 1 The patient is admitted to hospital with a pressure sore of a month's duration, located at the heel, with an abscess, swelling, and the infection by *Serratia* is demonstrated. He was being treated by povidone-iodine and gauzes with crepe bandages.
- 2-3 After considering the limb amputation, a conservative home treatment is chosen. The lesion treatment with Varihesive® Gel, Aquacel® Ag, and Versiva® is established.
- 4 After 6 days we can see the ulcer surrounding skin improvement, with a granulation tissue.
- 5 After 20 days, no inflammation can be noticed at the lesion surroundings, moderate exudate and the granulation tissue fills out the cavities.
- 6 After 52 days there is a moderate exudate, the granulation tissue fills out the whole lesion cavity and the ulcer-size has diminished.
- 7 At the 66th day the home treatment started, the ulcer-size has significantly progressed to healing.
- 8 After 84 days the treatment with Varihesive® Gel, Aquacel® Ag, and Versiva® was established, the ulcer is nearly closed up, and the limb amputation was definitively avoided.



PYODERMA GANGRENOSUM

A 68-year-old patient, with Crohn's disease diagnosed at the age of 15 and osteoporosis. Being treated with immunoglobulines.

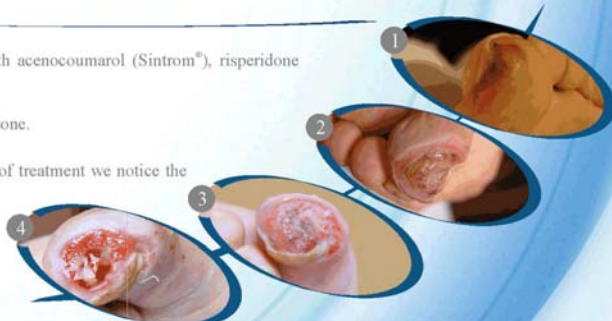
- 1 He presents a pyoderma gangrenosum in the right leg, of 7 months evolution, with a lot of exudate and necrotic tissue. Treatment with povidone-iodine, antibiotic cream, and sterile gauzes.
- 2 We start the treatment with Varihesive® Gel, Aquacel® Ag, and Versiva®. After 9 days, the inflammation decrease can be noticed at the ulcer edges and the decrease in the amount of the sphacels.
- 3 Following doctor's prescription, the treatment is changed to castor oil and balsam of Peru (Linitul®), after 11 days we can notice the regression of the healing process.
- 4 We decide to return to the Aquacel® Ag and Versiva® treatment and a compress bandage to the knee. After 19 days we can objectivize the lesion improvement.
- 5 At the 94th day the pyoderma healing is completed, without any signs of inflammation. It is recommended to continue this treatment with moisturizing cream and support tights.



PRESSURE SORE ON THE FINGER

78-year-old woman with initiating dementia and faecal and urine incontinence. Treated with acenocoumarol (Sintrom®), risperidone (Rispedal®), folic acid (Aefol®), and furosemide (Seguril®).

- 1 She has got a degree III pressure sore, at the left toe, with a necrotic zone involving half of the nail zone.
- 2 After debridement, a treatment Varihesive® Gel, Aquacel® Ag, and Versiva®. On the 27th day of treatment we notice the necrotic zone has disappeared as well as the inflammatory signs.
- 3 After 35 days, the granulation tissue appears, without exudate. The pain has disappeared.
- 4 At 45th day there is poor exudate and the ulcer diameter has diminished. The patient dies 47 days after treatment started due to cardiac failure.



INFECTED VASCULAR LEG ULCER

80-year-old patient with hypertension and distal arteriopathy. Being treated with acenocoumarol (Sintrom®) and nifedipine (Adalat®).

- 1 Presenting a vascular ulcer of two months' evolution, with purulent exudate, necrotic zones and pain. Being treated with gauzes, povidone-iodine, antibiotic creams and compress bandage.
- 2 The treatment is changed to Varihesive® Gel, Aquacel® Ag y Versiva®, after 44 days the granulation tissue can be observed, without inflammation or necrotic tissue at the lesion. The patient has no pain.
- 3 At the 80th day we can notice the healed lesion, with a good skin moisturizing.



CONCLUSIONS

The dressings chosen for each of the chronic lesions in each presented case, allowed a significant decrease in the ulcer-size or its rapid healing, thus maintaining the patient's quality of life.