



NOVEL ANTIOXIDANT TREATMENT THAT IMPROVES THE HEALING OF CHRONIC WOUNDS

INTRODUCTION. The selection of a dressing is an important aspect of the healing process' management and one of the greatest difficulties that healthcare professionals face during the treatment of wounds. The purpose of the dressing of the study is not only absorption and coverage of a wound, but also the interactive process, capable of providing favorable conditions in the microenvironment of the wound, thus favoring the physiological mechanism of healing. One of the main factors in the chronification and healing delay of wounds is the oxidative stress in the wound environment, due to the presence of an excess of free radicals. This antioxidant dressing* helps to neutralize the excess of free radicals to activate the natural wound healing process.

AIM. To evaluate in the field in torpid wounds an innovative antioxidant treatment* that helps to overcome the inflammatory phase in chronic wounds.

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METHODS.

A study was undertaken between April and November 2017 in the south of Spain with an innovative antioxidant wound dressing* based on locust bean gum's galactomannan, acetylcysteine and curcumin. A total of 10 patients with chronic wounds of different etiologies were included in the study (post-thrombotic venous ulcers, neuropathic ulcers, pressure ulcers, 3rd degree burn and skin ulceration after spider bite). The antioxidant wound dressing* was applied in the inflammatory phase of wound healing. The following parameters were analyzed in relation to the antioxidant wound dressing*: healing rate, % of new granulation tissue formation, dressing performance, exudates management, elimination of non viable tissues and effect on the biofilm.

RESULTS. We obtained excellent results in activating and healing torpid wounds. Of all the parameters analyzed it should be highlighted that in 100% of the cases a notable progression in wound healing was evident with signs of wound activation and new granulation tissue formation; in 90% of the cases no perilesional tissue maceration was observed; in 80% of the cases the elimination of the biofilm was observed; in 100% of the cases a correct adaptation to the wound bed was observed and, finally, in 50% of the cases a good re-epitelization was achieved.



CONCLUSIONS.

The use of the antioxidant wound dressing* clearly activated non-healing wounds and promoted the rapid appearance of new healthy granulation tissue and wound healing. The dressing has shown a remarkable efficacy in biofilm removal so further studies on this particular effect are warranted.

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