

BACKGROUND

Wound healing is an important physiological process to maintain the integrity of skin after trauma, either by accident, by injury or by intent procedure. With many disease processes, the cascade of events involved in wound healing can be affected, resulting in chronic, non-healing wounds that subject the patient to significant discomfort and low quality of life. Wound healing requires many factors that must work in synergy. The wound dressings and treatments have evolved considerably to address possible barriers to wound healing.

AIM

Oxidative stress can contribute to impaired wound healing. The aim of this case study is to demonstrate the efficacy of a new Antioxidant-Wound-Dressing (AWD)* in the healing of chronic wounds which don't respond to the conventional treatment in three different patients.

MATERIAL & METHODS

The AWD is a dressing from natural origin with an antioxidant effect, with helps overcoming the inflammatory phase and activating the healing process. It's placed directly in the wound bed and changed every 3-4 days, in accordance to the wound size and level of exudation. The AWD is composed of Locust Bean Gum (*Matrix*), Curcumin and N-acetylcysteine (*Solution*).



In this case study, we used the AWD in three different patients:

- *Case 1*: 45 y.o. male, venous ulcer without infection in blocking phase from 3 weeks with a dark granulation tissue.
- *Case 2*: 38 y.o. male, traumatic ulcer in a patient with a venous malformation with a high perilesional area inflammation.
- *Case 3*: 65 y.o. female, traumatic leg ulcer after injury, with exposed bilateral anterior tendon from 6 months.

*Reoxcare Dressing

RESULTS

Since the beginning of the treatment a good capacity to eliminate the dark granulation tissue, the induction of new red granulation tissue formation and wound edges activation were observed. A significant decrease in the surface of wound was obtained, and the edges appeared less swollen. In all cases, the perilesional area was more clear and less inflammation was found.

- In the *case 1* we obtained a good granulation tissue and the restart of healing ulcer.
- In the *case 2* the ulcer has healed.
- In the *case 3* the tendons were covered by granulation tissue and we found a decreased pain.

CONCLUSIONS

Actually the treatment of not healing wounds is based on the experience of the individual professionals.

The AWD achieved progression in blocked wounds, inducing a good granulation and promoting epithelialization progress, allowing to overcome the chronic inflammatory phase in all cases.

REFERENCES

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Case 1 – “Dark Blocking Ulcer”



Case 1: Dark Granulation in Blocked Ulcer 45 y.o. Male,

- Venous ulcer without infection in blocking phase from 3 weeks with a dark granulation tissue
- Area: III° upper middle of lateral leg
- Job: Chef, standing 10 hours a day near cookers & oven
- Chronic Venous Disease
- Poor activity
- Using a Antioxidant-Wound-Dressing (AWD)*
- Multilayer inelastic bandage
- Dressing change twice a week

Case 2 – “Venous Malformation Ulcer”



Case 2: Traumatic Ulcer in Venous Malformation 38 y.o. Male,

- Traumatic ulcer in a patient with a venous malformation with a high perilesional area inflammation
- Area: III° middle of anterior leg (tibial crest)
- Job: Standing 8 hours a day
- Chronic Venous Disease
- Slight daily physical activity
- Using a Antioxidant-Wound-Dressing (AWD)*
- Multilayer short elastic bandage
- Dressing change once a week

Case 3 – “Tendons exposed” (right leg)



2019.04.15



2019.04.23 2019.05.20 2019.05.27

Case 3: Bilateral Chronic Ulcer with Tendons Exposed 65 y.o. Female,

- Traumatic ulcer after injury (fall on a bicycle), with exposed bilateral anterior tendons from six months
- Area: Bilateral anterior tendon
- Job: Housewife
- No Chronic Venous Disease
- Poor activity
- Using a Antioxidant-Wound-Dressing (AWD)*
- Multilayer short elastic bandage
- Dressing change twice a week

Case 3 – “Tendons exposed” (left leg)



2019.04.15



2019.04.23



2019.05.13



2019.05.20