



DOUBLE BULLETS FOR THE TREATMENT OF VENOUS LEG ULCERS: SCLEROSING FOAM AND HONEY WOUND DRESSING. OUR EXPERIENCE.

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INTRODUCTION:

CEAP 6 afflicted 1-3% elderly people
Negative impact upon patient mobility and QoL
15,732\$ per year 86\$ per day of treatment
REALLY SLOW HEALING RATE

METHOD:

50 Patients CEAP 6 with primary open ulceration
Standardized treatment with:
Ultrasound-guided foam sclerotherapy
(variable concentration)
Revamil wound dressing of the ulcer
Compression bandaging or stocking (23-32mmHg)
Clinical and US scan follow up for two years
QoL assessment



RESULT:

50 Patients CEAP 6
At two week US scan:
90% (45/50) complete veins obliteration
10 (5/50) partial veins obliteration
At 1 year:
92% complete healing (46/50)
26% recanalization veins (13/50)
re-treated with sclerotherapy
At 2 years:
20% ulcer recurrence (10/50)
36% recanalization veins (18/50)
re-treated with sclerotherapy
QoL assessment improve pain and edema



DISCUSSION:

In the treatment of venous ulcer two fundamental challenges are hampering: resolve the venous disease and healing the wound. The role of ultrasound-guided foam sclerotherapy is safe and effective. The use of honey in the treatment of chronic leg ulcers is conflicting: in our experience the honey wound dressing has contributed to healing of the ulcer. Further research is needed.