

# LARGE NECROTIC MALODOROUS PRESSURE ULCER CLOSED USING A POLYMERIC MEMBRANE SILVER CAVITY FILLER\*

Charalambos Agathangelou, MD, PhD Geriatrics  
Dhali Community Geriatric Home, Cyprus

## BACKGROUND

60 year old lady with Alzheimer's disease and reduced mobility contracted a pressure ulcer on her heel while admitted to hospital for dehydration.

After discharge she was treated by the local GP for her wound for about four months with Hyaluronic acid. The ulcer had stagnated and was extremely painful and malodorous with a significant amount of discharge. By then the ulcer measured 8 x 6 cm with a depth of at least 2 cm. In spite of daily medication against inflammation and pain, her pain level was a constant 9 out of 10. At this point she was referred to our wound clinic.

## Aim

To reduce the pain and clean the wound so we could get it to start healing.

## METHOD

Polymeric membrane dressings reduce wound pain and inhibit infection while donating and absorbing moisture as needed. Ingredients draw and concentrate healing substances from the body into the wound bed to promote rapid healing while facilitating autolytic debridement directly by loosening the bonds between slough and healthy tissue. Liquefied slough is absorbed by the dressing, often eliminating the need for cleansing during dressing changes.

Due to the patient's debilitated state and co-morbidities, infection was a concern. The silver version has additional antimicrobial properties. Therefore, silver polymeric membrane cavity dressings were initiated. A charcoal dressing was used as a cover due to the smell.

Initially 1-2 ml saline was added to the dressings to facilitate autolytic debridement. After the first couple of days the dressings were changed twice daily due to the large amount of purulent discharge. After two weeks the dressing could be changed to a standard polymeric membrane cavity dressing instead of the silver version and the dressing change frequency gradually reduced.

## RESULTS

A significant improvement could be seen after only two days. After two weeks she no longer had any pain and the odor had diminished. Three and a half months later the large cavity had completely closed.

## CONCLUSION

We saw fast results when it came to cleansing, reduction of pain and odor and wound healing. Dressing handling and application were very easy.



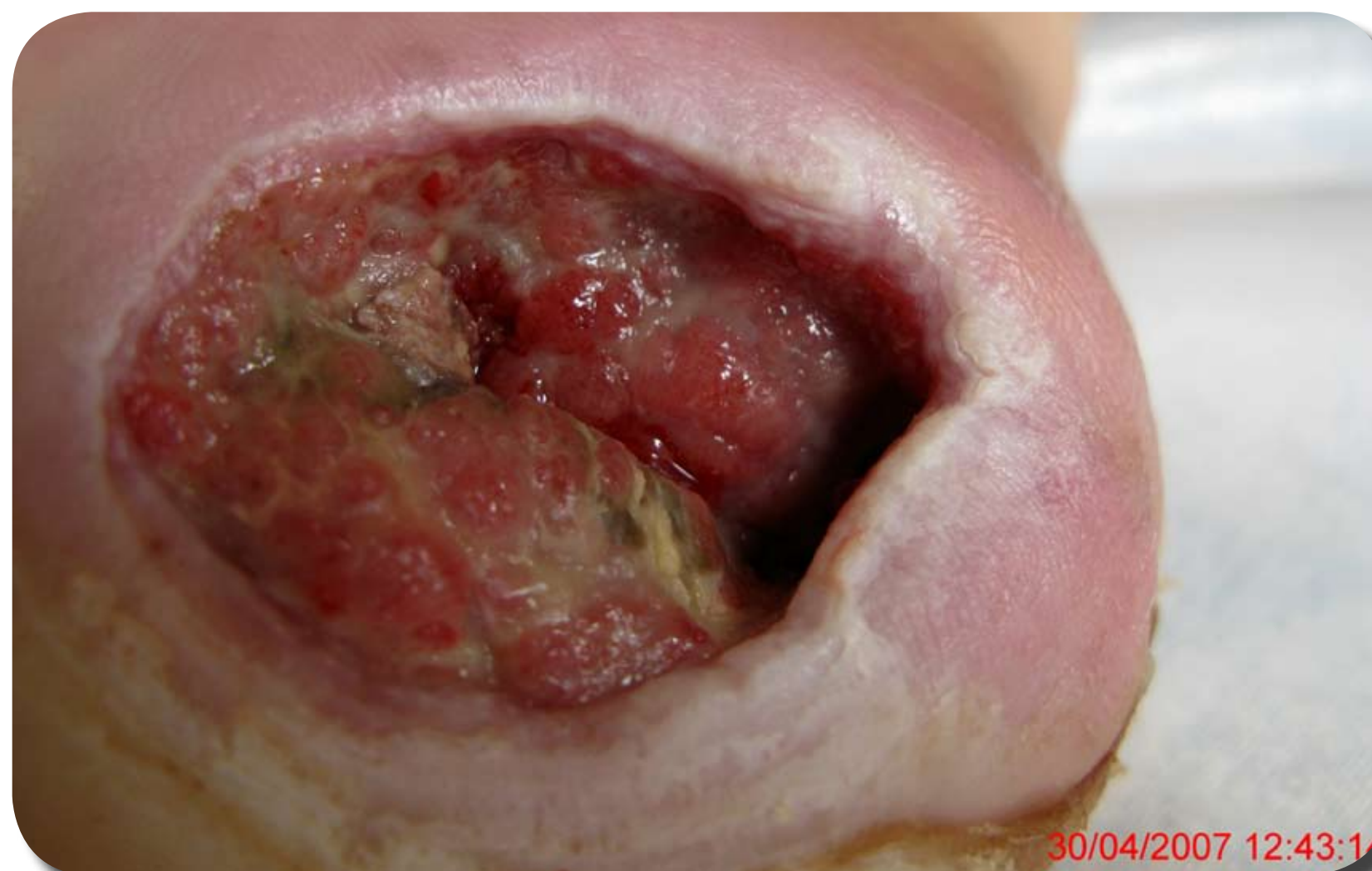
**11 April 8 x 7 cm depth unknown**

First time we saw the wound. The necrotic and sloughy tissue makes it impossible to stage and the odor was overpowering. We immediately started treatment with the antimicrobial polymeric membrane silver cavity dressings covered with the standard polymeric silver dressing and on top of that a charcoal dressing against the odor.



**13 April**

First dressing change. The odor is still very bad but the wound is already cleaner. The slough is beginning to liquefy and we could see that a large amount had been absorbed into the dressing. This time we added a few ml saline into the polymeric membrane dressings to speed up the autolytic debridement.



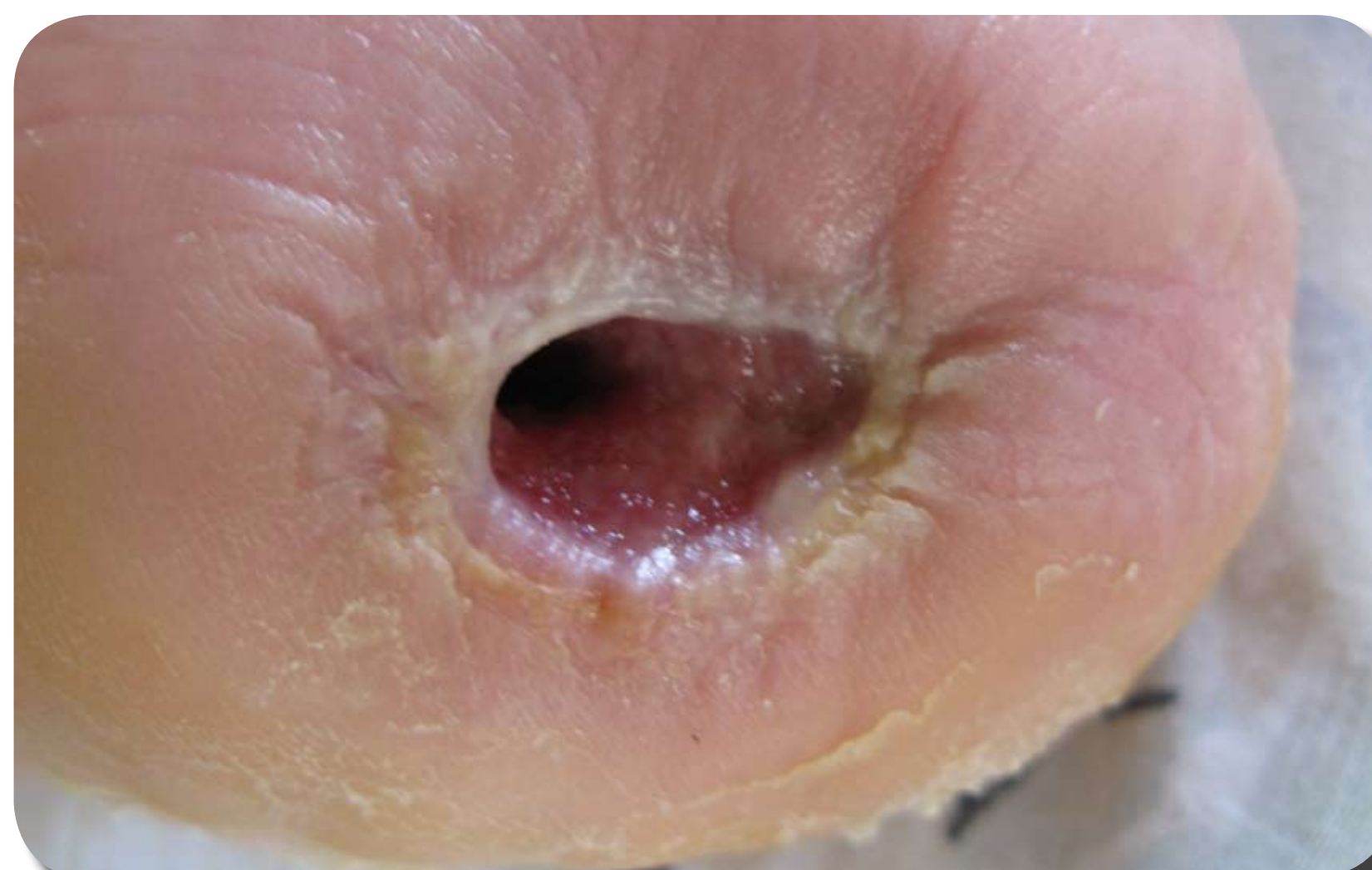
**30 April**

Odor diminished substantially about a week ago. The pain that had been a constant 9 out of 10 before she came to our clinic has now dropped to a 5. Due to high amounts of purulent drainage we have changed the dressings twice daily, still using the antimicrobial silver polymeric membrane dressing cavity dressing due to the depth of the ulcer and bone contact. This time we applied a standard polymeric membrane cavity dressing without silver.



**14 May 5 x 2,5 cm 2 cm deep**

By now we had stopped using the charcoal cover dressing, the odor was completely gone as was the pain. Dressing change every other day, at her home. Polymeric membrane cavity filler (without silver) used in the deep cavity. The wound and cavity is clean and granulating and the patient has not complained about pain for several weeks.



**31 May**

Fast progress, wound is filling up and closing nicely. The polymeric membrane dressings are changed twice a week. Dressing changes are fast and easy as no cleansing is needed during dressing changes.



**17 July**

For the past weeks there has only been need for weekly dressing changes. The wound is now fully closed.

\*PolyMem® Wound Dressing and PolyMem Wic® Cavity Dressing (with or without silver)  
Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA.  
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