

HARD TO HEAL MRSA INFECTED VENOUS LEG ULCER CLOSED WITH SILVER POLYMERIC DRESSINGS*

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BACKGROUND

An 85 year old woman with a painful venous leg ulcer, duration 5 years. Previously treated with many different advanced moist wound dressings in combination with compression therapy. A few months after coming in contact with the wound clinic she was admitted to hospital for pneumonia, 6 weeks later she was discharged with a wound more painful than ever, now infected with MRSA. Pain score was 10 out of 10 in spite of pain medication 6 x daily.

AIM

Minimizing the infection, cleansing the wound and reducing pain in order to achieve wound healing.

METHOD

Polymeric membrane dressings have been shown to help reduce wound pain not only during dressing changes, but also while the dressing is in place, by inhibiting nociceptor activity at the wound site. Due to the MRSA infection we chose to use the antimicrobial silver version of polymeric membrane dressings. After six weeks, when a swab confirmed lower levels of MRSA, we went back to the standard polymeric membrane dressing again.

The dressing was changed 3 times a week in combination with compression therapy. No cleansing was performed during dressing changes.

RESULTS

After four weeks treatment with silver polymeric membrane dressings a swab showed that the infection had decreased from 4+ to 2+. Photo documentation shows the reduction of wound size. By then her pain medication had been reduced and she only needed it twice daily. We had a short setback when the patients new nurse chose to use Iodine gauze instead, but the wound quickly recovered when we started her on polymeric membrane dressings again. Five months after being infected with MRSA the five year old ulcer had closed.

CONCLUSION

Recently several other modern silver dressings were shown to be severely cytotoxic in vivo, but cells in contact with silver polymeric membrane dressings proliferated. We can clearly state that the silver polymeric membrane dressings were very effective in closing a MRSA infected wound.



Left photo: 17 April

When we first saw this wound the patient told us that it was at least five years old. The pain levels are a constant 10 out of 10 she needs to take pain medication six times a day. Previous treatments include hydrocolloids, hydrofibers, alginates, honey and zinc bandages, always in combination with compression. Wound covered with gelatinous fibrin. One can also see an exposed tendon. Extra thick polymeric membrane dressings applied.

Right photo: 5 June

The wound is cleaning up nicely and new granulation tissue has covered the tendon. Polymeric membrane dressings are changed every other day, no cleansing needed during dressing changes. Pain level between 2 and 4, the patient only needs pain medications once a day now.



Left photo: 24 September

The patient has not been in contact with us for a couple of months. Turns out that she has recently been discharged from the hospital where she was admitted for double sided pneumonia. During her stay at the hospital she contracted MRSA in her wound and was treated with iodine dressings. We washed away the iodine and applied an antimicrobial polymeric membrane silver dressing due to the MRSA infection. Dressing changes at her home every other day. Pain level now 10 out of 10 again.

Right photo: 17 October

The wound has cleaned up nicely with the polymeric silver dressings. A swab confirmed that the MRSA level had reduced from a 4+ to a 2+ so we started to use the standard polymeric membrane dressings without silver. The pain level has dropped to a 4 and she only takes pain medications twice a day.



Left photo 19 November

Dressing changes three times a week. No cleansing needed during dressing changes. The slight over granulation subsided by itself after about a week. No pain at all now.

Right photo 30 December

The five year old venous ulcer is finally closed and continues to stay that way at our follow up visits.



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This case study was unsponsored.

Ferris Mfg. Corp. contributed to this poster design and presentation.