

A CLINICAL EVALUATION OF THE TREATMENT OF PATIENTS WITH ULCERS USING A NEW ACRYLIC GEL COATED TRANSPARENT DRESSING*

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Aim:

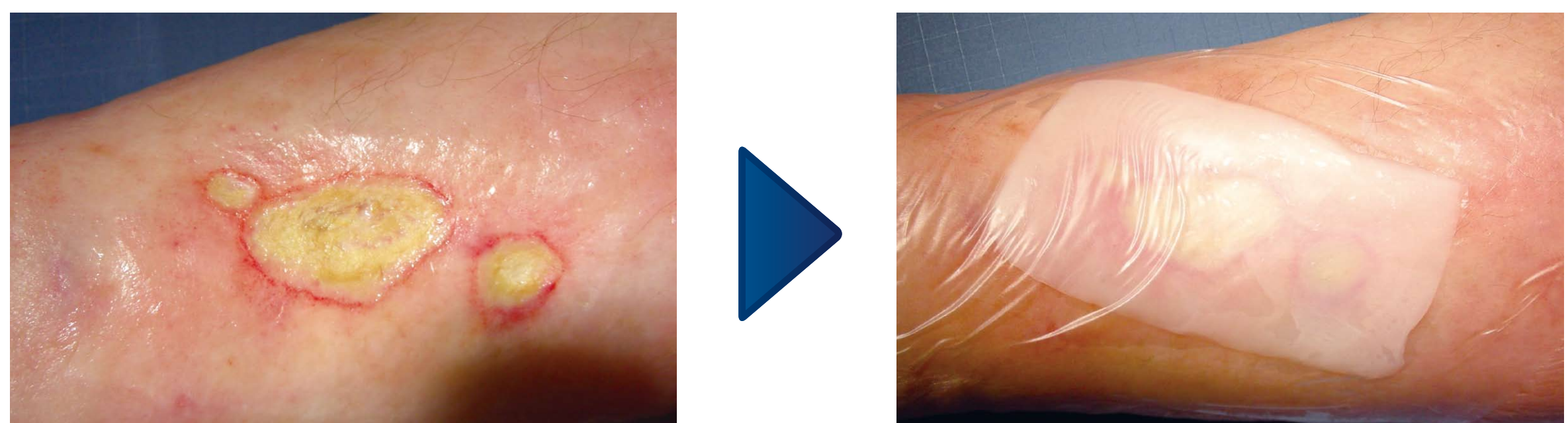
This paper presents the results of a clinical evaluation of patients with ulcers of different genesis who were treated with a new patient friendly transparent dressing which is coated with acrylic gel as secondary wound dressing.

Methods:

Inclusion criteria were: patients with an age above sixty years and with ulcers of different genesis. The acrylic gel coated transparent dressing* was used as a secondary dressing in combination with a hydroactive wound treatment for a minimum period of two weeks. The ulcers and surrounding area had to show no signs of irritation, maceration, dermatitis or infection before the first application. The maximum application duration per patient was three months. Wound inspections were performed approximately every four weeks. During visits wound bed status, the surrounding area of the wound and pain during dressing changes were evaluated, in addition photographic evidence was garnered at the beginning and at the end of the trial.

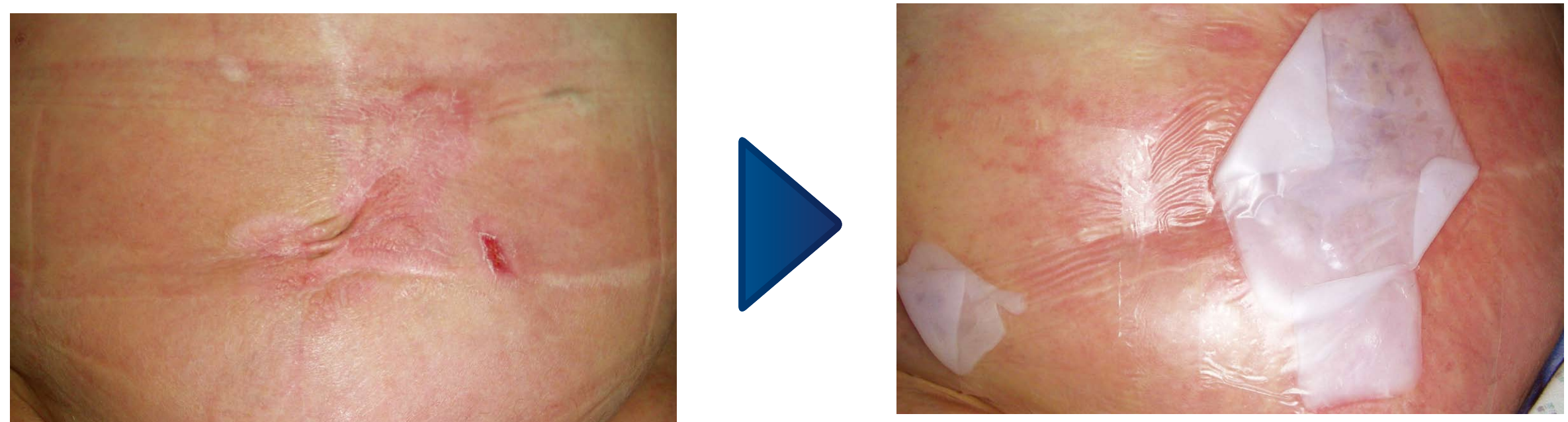
Application Case 1

Male, 87 years old. Stase dermatitis with ulcers on the lower legs, treated with hydrobalancing dressing and covered by the tested transparent dressing



Application Case 2

Female, 61 years old. Postinfectious ulcers on the abdominal skin, treated with hydrobalancing dressing and covered by the tested transparent dressing



Statistics:

From 29th October 2010 through to 4th May 2011: 13 patients (6 women, 7 men; dropout rate: 2 women) completed 38 visits (women: 15 visits, men: 23 visits; not including visits of dropped out patients). On average each patient completed 3.5 visits up to now. Genesis of wounds varied greatly (vascular, post-surgical, post-traumatic, diabetic). As primary wound dressings: hydrobalancing dressings (8 patients), foams (2 patients) and dressings for interactive wet treatment (1 patient) were used. 9 patients changed dressings 3 times a week, only 1 patient changed dressing daily.

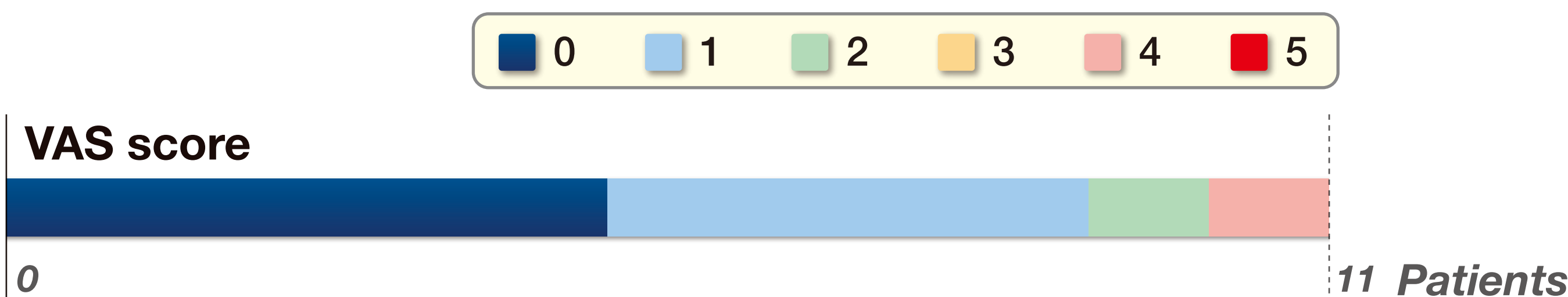


Fig.1: Pains according to visual analogue scale (VAS)

9 patients (5 patients VAS 0, 4 patients VAS 1 = 90%) reported no or a very low level of pain when removing the dressing, 1 patient specified VAS 2, only 1 patient specified more pain registering VAS 4.

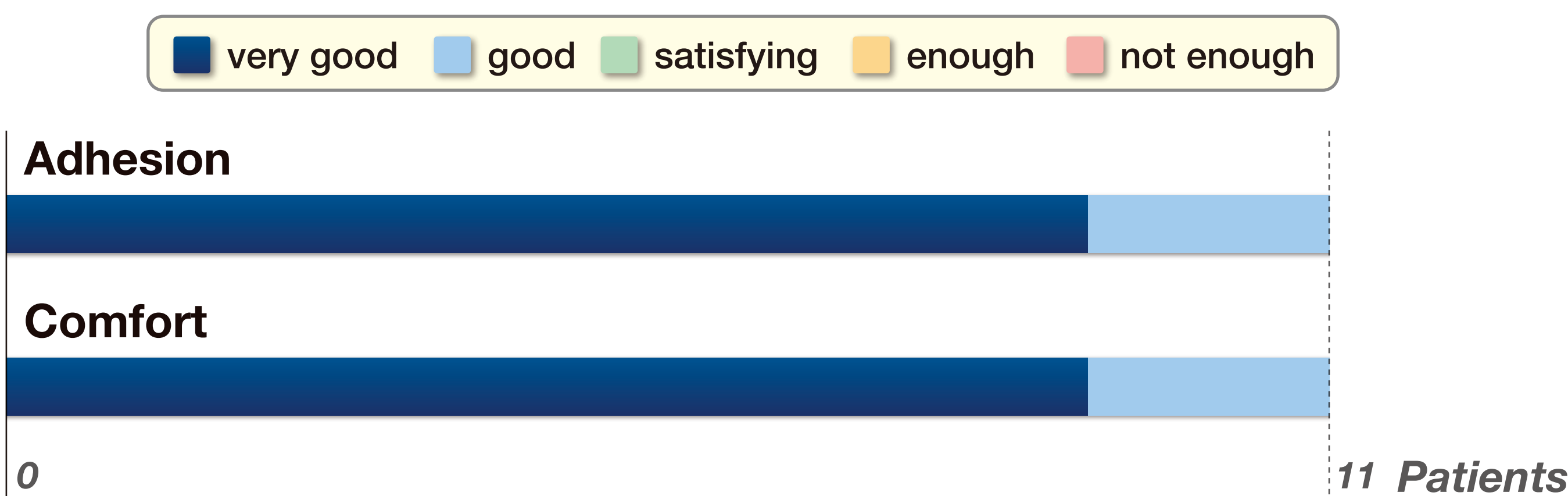


Fig.2: Adhesion and Comfort of tested dressing

Adhesion was reported as very good (9 patients) or good (2 patients), comfort was reported as very good (9 patients) or good (2 patient). at the end of the trial.

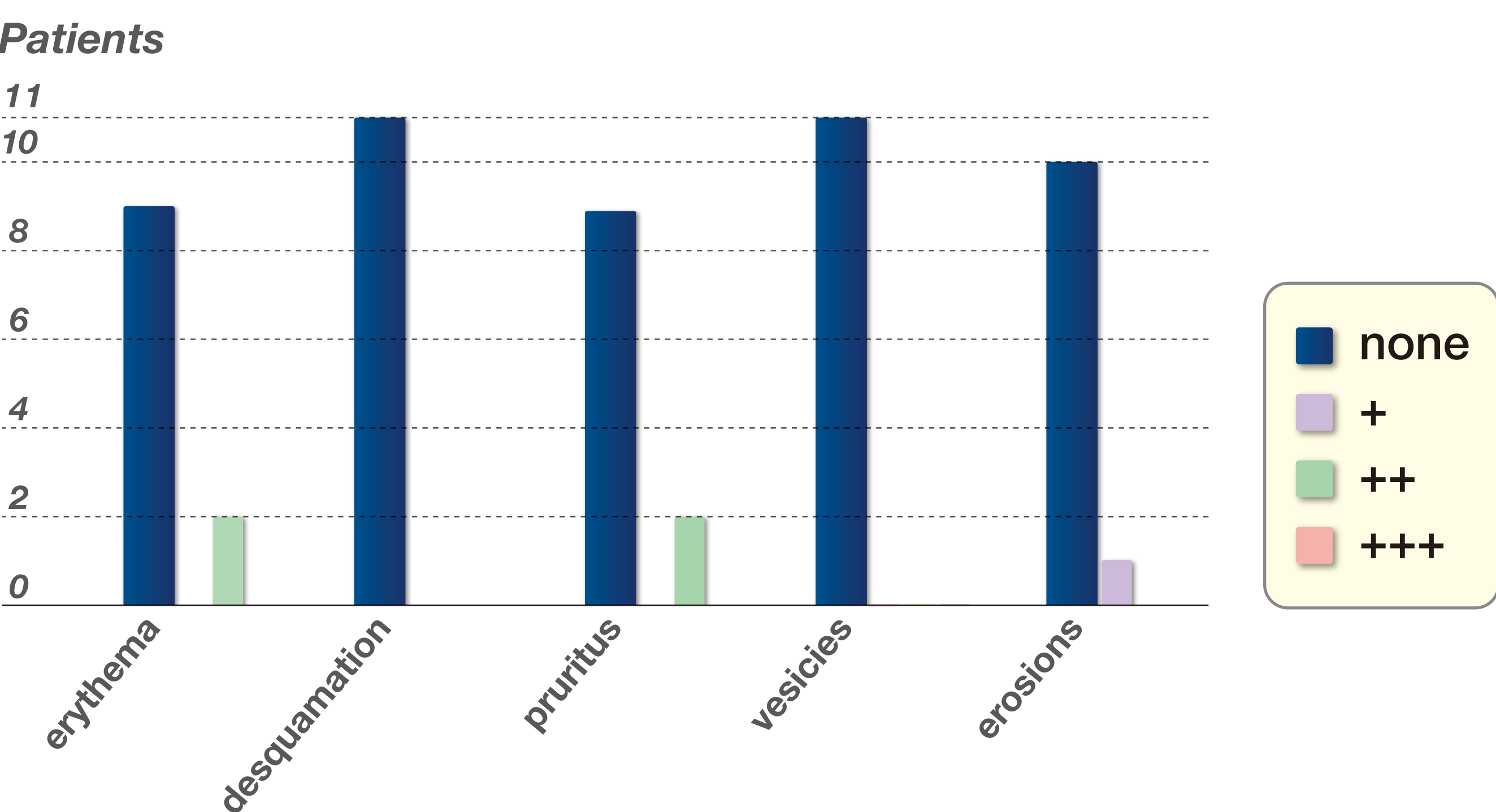


Fig.3: Side effects

2 patients showed erythemas in merging areas (++) , 2 patient reported moderate pruritus (++) and 1 patient had some tiny erosions (+) after removing the tested dressing. Other side effects such as desquamations or vesicles were not detected.

Results:

The treatment was started on the 29th October 2010 and the final evaluation was done on the 4th May 2011 At the end of the trial there were 13 patients (7 male, 6 female) of whom 2 dropped out (2 female). Desquamation and vesicles weren't noticed at any visit. 2 patients mentioned pruritus; erythema in merging areas was reported in 2 patients and erosions in 1 patient. Pain was evaluated by the visual analogue scale (VAS), pain was not registered or was very low in 9 patients when removing the dressing.

Conclusion

The new acrylic gel coated dressing was well tolerated by the patients. They reported very good adhesion especially during showering, great comfort and pain-free removal. There were nearly no alterations and injuries particularly on skin of patients with senile skin atrophy.

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