



FASTER DRESSING CHANGES AND PAIN REDUCTION OF SEVERE HERPES ZOSTER WITH POLYMERIC MEMBRANE SILVER DRESSINGS

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Herpes zoster (or simply zoster), commonly known as shingles and also known as zona, is a viral disease characterized by a painful skin rash with blisters in a limited area on one side of the body, often in a stripe. The initial infection with varicella zoster virus (VZV) causes the acute (short-lived) illness chickenpox which generally occurs in children and young people. Once an episode of chickenpox has resolved, the virus is not eliminated from the body but can go on to cause shingles—an illness with very different symptoms—often many years after the initial infection. Herpes zoster is not the same disease as herpes simplex despite the name similarity (both the varicella zoster virus and herpes simplex virus belong to the same viral subfamily Alphaherpesvirinae).



A new approach in Herpes Zoster treatment

AIM

Case No. I 2009, we treated the wound area of an acute herpes zoster patient for the first time with polymeric membrane silver dressings PMSDs (Case No. I). The marked reduction of pain, and the rapid and stable healing of the affected skin area (abdomen) surprised both patient and caregivers. These very good and surprising result, encouraged us to use PMSDs in a next case as first choice dressing (gold standard)

Methode

We used PMDs after initial partial debridement. Changes every 1-2 days depending on exudate level.

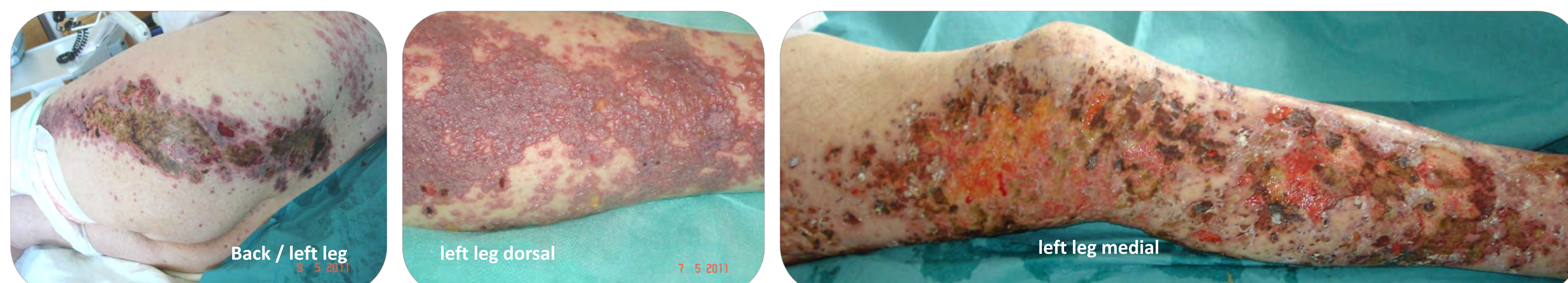
Result

Rapid debridement of the necrotic tissue through reinforced autolytic debridement due to the cleansing properties of PMSDs.

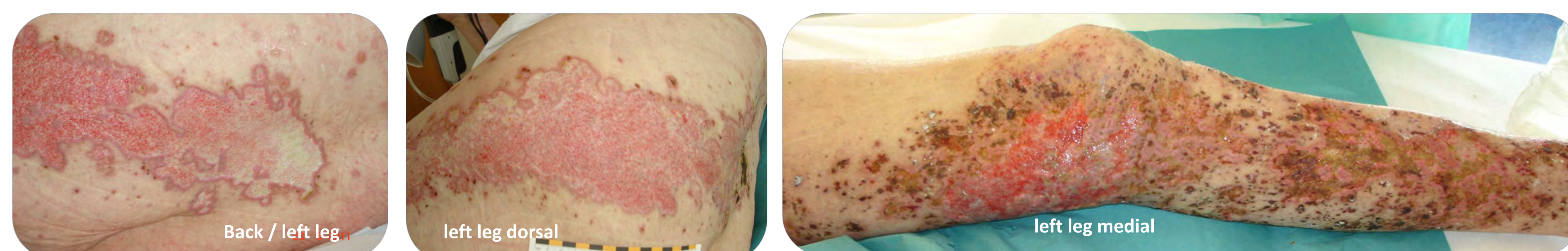


Dressing changes took half the time of previous dressing regime saving us considerable savings of time and cost. In the first case we saw a dramatic reduction in pain; the second patient felt no pain due to nerve damage.

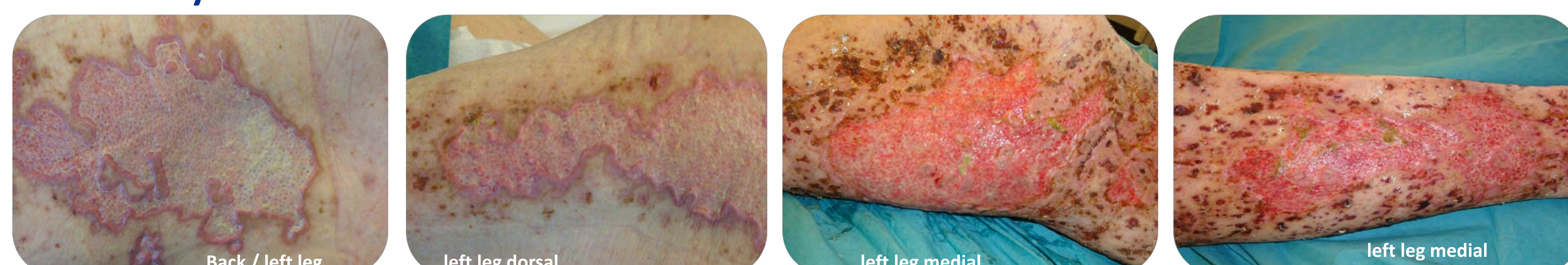
Case No. II May 2011, a new severe case of herpes zoster with necrotizing skin lesions from L2 to ankle was referred to our clinic. Due to our previous positive experience we wanted to see if we could achieve the same results with PMSDs. However this time the patient experienced no pain due to severe dermatome inflammation and left leg paralysis. Our goal was to heal the lesions prevent infection by using PMSDs.



7th May 2011 No pain during dressing change, no sticking on wound bed



23th May 2011



30th May 2011

Discussion

Herpes Zoster lesions can be problematic to deal with as they are usually extremely painful.

CASE No. I In the first case the pain reduced dramatically when she used PMD.

CASE No. II The main benefit for this patient and caregivers was the rapid dressing changes (**75 minutes instead of 150 minutes** for 2 nurses).

Decision: In the future PMSDs will be our first hand choice for Herpes Zoster.