A Case Report on the Use of a New Ultra-soft Antimicrobial Foam Dressing Impregnated with 0.5% PHMB* on a Venous Leg Ulcer with a Critical Colonisation.
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AIM
Exudate management, infection control and protecting the surrounding skin are key factors in the management of chronic leg ulcers. It is essential that the dressing handles the absorbed exudates in such a way that the underlying wound surface is maintained in an optimal moist environment. Chronic leg ulcers are often critically colonised. This situation can be a risk, to the wound processing through healing, as it may lead to an infection, which can be a significant complication in venous leg ulcers.

The care of these wounds needs to be combined with an effective compression therapy in which we try to support the venous system against the chronic venous hypertension.

We report a case study where an antimicrobial foam dressing based on Polyhexamethylene Biguanide (PHMB) 0.5% was used.

METHOD:
A patient with a chronic venous leg ulcer with critical colonisation (redness, increased sensitivity and necrotic tissue) was included in a case study where an ultra-soft antimicrobial foam dressing impregnated with 0.5% PHMB* was used. The wound has been assessed and evaluated weekly. The dressing was changed twice a week and was combined with compression therapy. The patient has been treated with short stretch compression bandages.

In this case study we demonstrate the ability of the new dressing to manage exudate, protect the wound, avoid bacterial development and allow healing. The photos illustrate the results in this case study.

RESULTS:
By the end of the treatment period of three months, the wound achieved complete healing. The dressing was very conformable and easy to apply. The soft structure of the dressing and the high absorptive capacity had a positive influence on the pain and comfort when wearing the dressing and during dressing changes. We observed a vertical absorption of the exudate, which results in an excellent peri-wound skin quality with no trauma at dressing removal.

At the start, the peri-wound area was red and highly sensitive, which were signs of critical colonisation. In just a few weeks, we could see the development of normal healthy tissue within the surrounding skin. The dressing appeared to protect against bacterial proliferation and this patient avoided systemic antibiotics.

CONCLUSIONS:
Due to the effective absorption and retaining of the exudate, and the non-adherent contact layer, this dressing did not stick into the wound surface. Even after a 4 day wear time, we did not see any maceration. This new concept of antimicrobial dressing seemed to keep the bacterial balance under control. Randomised studies will be necessary to prove these results and experiences.

Presented at EWMA 2009.

This work has been made possible by an unrestricted educational/research grant from Covidien.

*Kendall™ AMD ultra-soft antimicrobial foam dressing impregnated with 0.5 PHMB, by Covidien.