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ABSTRACTS



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POSTER PRESENTATIONS

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COMPOSITE HYDROGEL AND THERAPY RESISTANT ULCERS

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Aim: Clinical safety and efficacy of a new Bio-active wound dressing. This current study focuses on the use of a newly introduced, second generation hydrogel.

Methods and Materials: 15 patients were admitted to our hospital and treated with a new composite hydrogel based on pro-ionic wound care technology. The type of ulcers include post traumatic lesions, venous ulcers, diabetic ulcers and pressure wounds. We use a standard clinical observation window of 6 weeks in all patients. Dressing were changed every 4 or 7 days (depending on exudate).

Results: There were, in all cases, an elevated healing rate with better quality of life and pain reduction.

Conclusions: Meta-analysis by Jones (2006) suggest there exists non single product suitable for all wounds throughout all stages of healing. Several products have extended use or have a broader application in hard to heal wounds. The newly introduced second generation hydrogel has good clinical performance, increase quality of life whilst the extended wear time improves cost-effectiveness.



HYDRATED, SUPER ABSORBING COPOLYMER DRESSING AS A NEW THERAPEUTIC CHALLENGE FOR NON HEALING WOUNDS

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Aim: Hydrated, super absorbing copolymer is a new dressing with bio-active properties modulates proteins and ions. The product mimics the behaviour of sulphha glycosaminoglycans, which have the influence on growth factors and cytokines, regulate proteases and modulate the inflammation reaction (1). We evaluated it as a new therapeutic option for non healing ulcers.

Methods: We include 12 patients (9 women, 3 men; average 74 years) with 13 non-infected and 2 infected leg ulcers (an average diameter 14.6 cm). At start and one month after therapy area and circumference of the ulcers were measured by computer planimetry with photography and wounds' beds were assessed according to Falanga's classification. Horizontal initial healing rate was calculated using Gillman's equation. All patients wear long stretch compression bandages and had systemic rutozid.

Results: 13 of 15 wounds improved during one month of therapy with the new dressing. An average horizontal initial healing rate in first month was 0.2 cm, all wounds' beds, except four were granulated after one month of therapy. Only 2 patients felt discomfort while wearing new dressing. Later on infections with β haemolytic Str. and *Ps. aeruginosa* were confirmed.

Conclusion: According to fast average horizontal initial healing rate, wounds' beds improvement in first month and patients' satisfactions, we founded the new dressing as a promising new challenge for local therapy for non-infected chronic wounds.

1) Principelle Matrix®

