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USAGE OF THE WOUND BALANCING MATRIX ASSOCIATED WITH HYPERBARIC OXYGEN THERAPY IN THE TREATMENT OF LEG ULCERS

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G.S., 47 years old, was suffering with a large perimalleolar ulcer on his left leg. The patient was exposed to hyperbaric chamber at the Orthopaedic Dpt. Of Civil Hospital of Palermo (Italy). The origin of the ulcer was traumatic, after a motorbike accident.

For the healing of this kind of injury advanced dressings in association with HOT (hyperbaric oxygen therapy) were used.

The ulcer was cleaned with saline solution and disinfected with povidone iodine, afterwards a primary dressing - a Protease modulating matrix containing silver* was used, and a secondary polyurethane based dressing* was used to control the excess exudate. The ulcer did not present with a wound infection but had a simple bacterial colonization, which was checked with an injury swab culture test. At the same time the patient was exposed to daily HOT (hyperbaric oxygen therapy) at 2,5 ATA.

The ulcer was initially treated daily for 25 days. The use of low pressure for the HOT (2,5) and the dressing** had the purpose to stimulate the production of fibroblasts.

Then the ulcer was dressed daily using povidone iodine*** and HOT (hyperbaric oxygen therapy) until the complete healing of the ulcer was achieved at the 36th day.

*Prisma, **Tielle, ***Inadine

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THE USE OF THE ADVANCED DRESSINGS ASSOCIATED WITH THE HYPERBARIC OXYGEN THERAPY IN THE TREATMENT OF A STERNOTOMIC DEHISCENCE

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M.G., 63 years old suffering from diabetes mellitus, had an aortic-coronary by-pass, presented with a large cavity ulcer close to the sternal manubrium, on the sternum. This wound was treated with J&J advanced wound dressings + HOT (hyperbaric oxygen therapy).

After a cultural test with antibiogram which relieved klebsiella pneumoniae et enterococcafecalis infection, the wound is washed with a saline solution and disinfected with betadine. The wound was then dressed with activated charcoal + silver* + polyurethane hydropolymer** to fight against the microbial infection and to reduce bacterial colonization of the wound.

HOT (Hyperbaric oxygen therapy) was carried out for the first week.

After ten days of HOT (hyperbaric oxygen therapy), advanced dressings were used: a protease modulating matrix + silver-ORC*** and povidone iodine****.

After 20 days the formation of granulating tissue were observed and, later, at the 24th week the wound was completely healed.

*Actisorb Plus

**Tielle

***Promogran® Prisma

****Inadine