

**UTILITY OF A NEW NOSF LIPIDOCOLLOID DRESSING IN THE LOCAL TREATMENT OF STAGNANT ARTERIAL WOUNDS IN NON-REVASCULARISABLE PATIENTS**

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The authors follow-up patients with chronic arterial ulcers in whom revascularisation procedures are not possible (diffuse lesions, calcifications, no vascular supply in the leg, etc.) for the purposes of controlled healing. This paper reports our experience with a new dressing, which combines lipidocolloid (TLC) technology with an innovative compound, NOSF, a metalloprotease inhibitor indicated in delayed healing chronic wounds. These results, in 10 patients, are preliminary with some patients presently still under treatment. The patients are elderly and have distal, bilateral peripheral arterial occlusive disease, with no perceptible distal peripheral pulses in 2/3 of cases and venous insufficiency with damaged skin around the lesion. 1 patient had undergone a revascularisation procedure 1 year earlier (sympatholysis). The wounds are sometimes very longstanding due to multiple recurrences, with the average wound age being 6-9 months. The average wound size is 20.6 cm<sup>2</sup> (1.5 to 46.75). The wound surface did not present more than 10% fibrin. This new lipidocolloid dressing impregnated with NOSF led to a rapid resumption in the healing process, quantifiable by the reduction in surface area from the first follow-up visit: -44% to -67% in 2 to 4 weeks. The wounds were treated for an average of 8 weeks (5 to 12). The reduction in wound surface area was 91% on average (-76% at complete healing). Where appropriate, treatment was continued with a hydrocellular dressing. The skin along the lesion was usually improved, no pain related to the dressing was recorded, in 1 case the initially very severe pain became minimal.