



ASSOCIAZIONE ITALIANA ULCERE CUTANEE
SEZ. REGIONE PIEMONTE

CONTROL OF BACTERIAL BURDEN AND PAIN MANAGEMENT: TWO KEY MOMENTS IN THE MANAGEMENT OF SKIN ULCERS

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VERSIONE ORIGINALE IN INGLESE

INTRODUCTION: the diagnosis of bacterial colonization of wounds is only clinical today. It can be manifested by an important pain component, that causes discomfort to the patient. Very often the wound healing by a dressing is being used as an index of efficiency medication, without considering its tolerability. This study aims at evaluating the clinical performance of a dressing that controlled bacterial burden and be painfree and non-traumatic on removal.

METHODS: 14 patients carrying venous ulcer were enlisted. They were an homogeneous sample for pathology correlated and way of assistance. The wounds presented signs and clinical symptoms of bacterial colonization confirmed by swabbing techniques. Patients showed an average wound pain of 4.2 (evaluated with the VAS scale) and pain during wound dressing of 5.2 (VAS). The wound was washed with physiological saline 0,9% and dressed with silver sulphadiazine on a Lipidocolloidal as carrier.

RESULTS: Diminishing bacterial load, resulted by the remission of clinical sign, on average on the 13th days. Excellent tolerability of the medication with an important pain reduction of the wound and during dressing.

DISCUSSION: It has been demonstrated that Urgotul Ag-S® is useful in management of bacterial burden. Its Lipidocolloidal composition has favoured debridement. Very good tolerance and acceptability were noted, attaining a global management of wounds in holistic terms.

Urgotul Ag-S® has been used out of indications from the pharmaceutical firm under our guidance, with the agreement of the patient.

VERSIONE TRADOTTA IN ITALIANO

INTRODUZIONE: La diagnosi di colonizzazione batterica della lesione cutanea è oggi soltanto clinica. Può manifestarsi con una importante componente algica, causa di grave inabilità per il paziente. Troppo spesso come indice di efficacia di un prodotto di medicazione viene utilizzata la guarigione della ferita, senza considerarne la tollerabilità. Scopo di questo lavoro è quello di valutare la performance clinica di una medicazione che rispondesse all' esigenza di controllo della carica batterica in modo atraumatico per il paziente e per il letto di ferita.

METODI: sono stati arruolati 14 pazienti (9 F e 5 M) con ulcere venose. Il campione era omogeneo per patologie correlate e regime di assistenza. Le lesioni presentavano segni e sintomi clinici di colonizzazione batterica confermata da un tampone cutaneo. I pazienti segnalavano un dolore di ferita medio di 4.2 (valutato con scala VAS) e dolore al cambio di medicazione pari a 5.2 (VAS). La medicazione veniva eseguita, previa detersione con Sol Fisiologica 0.9%, utilizzando un prodotto a base di sulfadiazina d'argento su veicolante lipidocollidale.

RISULTATI: riduzione della carica batterica evidenziata dalla remissione dei segni clinici in media al 13 giorno. Ottima tollerabilità della medicazione con riduzione importante del dolore di ferita e durante la medicazione.

DISCUSSIONE: Urgotul Ag-S ® si è dimostrata una medicazione utile nella gestione della carica batterica del letto di ferita. La sua composizione lipidocolloidale ha favorito i processi di detersione in modo atraumatico. Occorre una particolare attenzione per il dolore nel paziente piagato, raggiungendo una gestione globale della lesione in termini olistici.



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