

BILATERAL LEG ULCER OF UNKNOWN ORIGIN TREATED WITH HONEY AND BANDAGING

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Figure 1. The wound contained necrotic, sloughy and granulation tissue before treatment with Mesitran (Aspen Medical).

PATIENT DETAILS AND HISTORY

An 82-year-old female presented with bilateral leg ulcers of unknown origin. The ulcer on the patient's left leg covered a relatively large part of the gaiter area and was irregular in shape measuring 10x12cm at its widest points. The wound bed was covered with a mixture of 20% necrotic, 30% sloughy and 50% granulation tissue (Figure 1). The wound was producing low

to moderate amounts of serous exudate. There were no signs of clinical infection and the wound appeared to be colonised.

MANAGEMENT

The aims of treatment were to autolytically debride the necrotic and sloughy tissue and to protect the delicate granulation tissue. Mesitran hydrogel sheet dressings (Aspen Medical) were applied to the ulcer and held in place with three layers of compression

comprising Tubifast® (Mölnlycke Health Care)/Softban (Smith and Nephew)/Tubifast, applied toe to knee. A Repose Foot Protector (Frontier Therapeutics) was applied to help relieve pressure on the heel. The peri-wound skin on the leg was dry and flaky, so 50/50 cream was applied at every dressing change to maintain moisture levels. Dressings were changed every 2–3 days, and were described as comfortable by the patient.



Figure 2. After 10 days the wound had reduced in size.



Figure 3. After 22 days of treatment the wound had further reduced in size and epithelial growth had occurred from the margins.

On day 10 of treatment the wound had reduced in size and there was less necrotic and sloughy tissue present (Figure 2). On day 22 of treatment with the Mesitran dressing the necrosis and slough had been debrided and the wound was granulating and contracting (Figure 3). By day 27 some areas of the wound had completely healed, while others had granulation tissue present and were being covered with epithelial tissue (Figures 4 and 5). The wound dimensions had reduced to approximately 6x5cm in total. PolyMem® QuadraFoam® (Aspen Medical) was used until the wound had completely healed.

CONCLUSION

This case demonstrates an excellent healing response, with the Mesitran dressing promoting the removal of slough, while encouraging the formation of granulation tissue and providing protection of this delicate growth. By maintaining a moist wound environment epithelial tissue growth was encouraged. **WE**



Figure 4. After 27 days of treatment the wound continued to heal with epithelial tissue covering the wound bed.



Figure 5. The wound shown from above the gaiter area on day 27. Again, there is almost complete coverage with epithelial tissue.