

The Role of a Silver-releasing Lipidocolloid Contact Layer in Venous Ulcers Presenting Inflammatory Signs Suggesting Heavy Bacterial Colonization: Results of a Randomized Controlled Study

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Message:

This study assessed the ability of Urgotul Ag contact layer to promote healing of venous leg ulcers (VLU) with heavy bacterial colonization compared with Urgotul not impregnated with silver salts.

Methods:

Open label randomized controlled trial of VLUs with 3 of 5 clinical signs of heavy bacterial load. Patients treated with either Urgotul Ag or Urgotul contact layer dressing for 4 weeks; then all patients treated with plain Urgotul for an additional 4 weeks. Wound evaluation and wound measurements were made weekly for 4 weeks and again at weeks 6 and 8. Efficacy criterion was wound area decrease at week 4 and week 8.

Results:

102 patients were randomized and treated. The mean ulcer duration was 11 months and the mean ulcer area was 20 cm². By week 4, the mean ulcer area had decreased by 6.5 cm² in the Urgotul Ag group compared with 1.3 cm² in the Urgotul group. By week 8 after both groups had switched to plain Urgotul dressing, the average decrease in ulcer size was 48% for all patients. Dressing tolerance was good in both groups.

Conclusions:

A 4 week treatment with a silver-releasing lipidocolloid contact layer promotes a sustained increase of closure rate of venous leg ulcers presenting with signs of an increased bacterial load. In these patients there is an initial advantage to using Urgotul Ag.



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