A CASE SERIES ILLUSTRATING THE EFFECT OF ACTIVE LEPTOSPERMUM HONEY ON EARLY VS. LATE PRESENTATION WOUNDS

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Purpose
To assess the impact of Active Leptospermum Honey (ALH) wound dressings on early presentation versus late presentation wounds for effective wound healing and closures. There are multiple studies involving hundreds of patients over the last several years, including RCTs which demonstrate the clinical efficacy of ALH in either chronic or late presentation wounds.1 We chose to investigate this effectiveness of how we use ALH in early presentation wounds to promote healing and closure in a timely manner.

Methodology
Charts were retrospectively reviewed for patients undergoing treatment with ALH products over a 6-8 month time frame of our wound care practice. In the early presentation group - 3 weeks from injury or surgical procedure - we had six patients with wounds of the following types: a diabetic ulcer, two delirious surgical abdominal wounds, a traumatic injury to a finger, a surgical repair wound on a medial ankle ulcer present for 5 months related to osteomyelitis, a sacral ulcer present for months that had failed other advanced dressings including negative pressure, and a maggot infested wound related to various stales of healing for almost 11 years since her last surgery. Treatment with ALH started on 3/19/14, wound measured 7cm x 2.5cm x 1.7cm with an area of 12.2 cm2 and volume of 21.9 cm3. Began treatment with ALH dressings at one week post surgery. St/14 Candie debridement of wound margins was performed and continued use of ALH dressings. On 10/27/14 wound measured 1cm x 1cm x 2.3cm. To ensure filling this defect the wound was then treated with a CymePrevent Antimicrobial Sponge

All early presenting wounds closed within two to six weeks while all late presentation wounds closed within ten to sixteen weeks. Only ALH wound dressings without other topical treatments were used for both groups during the treatment period. All wounds came to complete closure or were ready for surgical intervention. On 9/5/14 recurrent left breast abscess required sharp surgical debridement of necrotic tissue. On 9/11/14 wound measured 5cm x 3cm x 0.5cm with an area of 15 cm2 and volume of 7.5 cm3. Began treatment with ALH dressings and a 3-layer compression wrap. ALH compression wrap treatments continued with weekly clinic visits and the wound came close to complete closure on 10/27/14. Patient went on to follow-up surgery.

Conclusions
ALH dressings are an viable option for both early and late presenting wounds to improve rate of wound healing and closures. Progressing for healing is partially dependent on time of wound presentation. There are many factors involved in role of wound healing. Furthermore application of ALH early in the treatment regimen is part of our good clinical practice.

References:

EARLY PRESENTATION CASES

CASE 1
Patient is a 42 year old female with a history of Type 1 diabetes and surgical history of c-sections. She has a history of multiple breast abscesses which cleared without surgical intervention. On 4/24/14 recurrent left breast abscess required sharp surgical debridement of necrotic tissue. On 5/29/14 wound measured 7cm x 2.5cm x 1.7cm with an area of 12.2 cm2 and volume of 21.9 cm3. Began treatment with ALH dressings at one week post surgery. St/14 Candie debridement of wound margins was performed and continued use of ALH dressings. On 10/27/14 wound measured 1cm x 1cm x 2.3cm. To ensure filling this defect the wound was then treated with a CymePrevent Antimicrobial Sponge

CASE 2
Patient is a 52 year old female. She has a PMH of sesamoid, bilateral cholecystectomy and amn/ HPI includes 5TNT surgery 1983, 1994, 2011, 2014, appendectomy, and cholecystectomy. Presented 8 weeks post-op with a delirious abdominal hysterectomy inclusion. On 3/11/14 wound measured 4.5cm x 6cm x 2.5cm with an area of 36 cm2 and volume of 37.5 cm3. ALH dressings were initiated. Continued treatment with ALH until complete closure on 4/28/14.

CASE 3
Patient is a 88 year old male with a PMH of HTN, Hypothyroidism and Hyperlipidemia. Patient presented to clinic with wound over 10 years of chronicity. On 9/27/14 wound measured 5cm x 3.5cm x 0.5cm with an area of 15 cm2 and volume of 7.5 cm3. Began treatment with ALH dressings and a 3-layer compression wrap. ALH compression wrap treatments continued with weekly clinic visits and the wound came close to complete closure on 10/27/14. Patient went on to follow-up surgery.

LATE PRESENTATION CASES

CASE 1
Patient is a 77 year old female with a past medical history of HTN, Hypothyroidism and Hypothyroidism. Patient was treated for a distal fracture with hardware placed and left knee lag screw stripping 2002. She developed subcutaneous with development of a soft tissue injury and wound. Wound had been present in various stales of healing for almost 11 years since her last surgery. Treatment with ALH started on 3/19/14, wound measured 22 cm x 1.5 cm x 2.5 cm and area of 52.2 cm2 and volume of 19.8 cm3. Treatment also included debridement and a 3-layer compression wrap. ALH dressings continued until complete closure on 6/20/14.

CASE 2
Patient is a 40 year old male with PMM – OM type 1; PSI left foot surgery 2007, with follow-up plastic surgery to ankles, possible skin graft. Wound on left lateral ankle ulcers due to trauma. Presented to clinic with wound over the years of chronicity. On 3/17/14 wound measured 5cm x 3.5cm x 0.5cm with an area of 15 cm2 and volume of 7.5 cm3. Began treatment with ALH dressings and a 3-layer compression wrap. ALH compression wrap treatments continued with weekly clinic visits and the wound came close to complete closure on 10/27/14. Patient went on to follow-up surgery.

CASE 3
Patient is a 57 year old homeless male. He was admitted with cellulitis and non-microbial maggots to his right lower leg. Patient was a very poor historian and could not recall what happened, if there was drainage or how long the wound developed. Presented in clinic on 6/20/14 with wound had maggots removed and treatment with ALH started along with compression of the wound. On 11/8/14 wound was completely closed; treated with moisturizer and elevations.