A Novel Transforming Powder Dressing for Healing Chronic Wounds of Multiple Wound Etiologies

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CHALLENGE

Delayed wound healing results from an imbalance occurring during healing stages, often resulting in conversion of an acute wound to a chronic non-healing wound.[1,2] Chronic wounds are significantly more complicated to heal than acute wounds.[2] In the US alone, chronic wounds currently affect 6.7 million people, with annual healthcare costs exceeding 50 billion dollars.[3]

Evidenced based clinical principles for optimizing wound healing include: (1) maintaining a moist (but not wet) wound environment, (2) permitting gaseous and fluid exchange while providing mechanical and bacterial protection, and (3) utilizing a dressing that is non-adherent to the wound, easy to use, comfortable and pain-free for the patient. When standard of care (SOC) therapy fails to heal a wound, alternate treatment strategies must be considered.

METHOD AND MATERIALS

We present a case series which evaluates the clinical outcomes of 3 patients with chronic wounds of different etiologies which were refractory to prescribed SOC therapy (burn, 2 diabetic foot ulcers and trauma wound).

All wounds had deteriorated or showed no clinical progress prior to conversion from SOC dressings to Transforming Powder Dressing (TPD). For purposes of consistency in our assessment, the conversion of the primary dressing from SOC to TPD was the only wound treatment factor modified.

TPD is a novel powder dressing comprised primarily of biocompatible polymers (same as those used in contact lenses). Upon hydration, TPD granules aggregate to form a moist, oxygen-permeable matrix that protects the wound from contamination while helping to manage excess exudate through vapor transpiration. Once applied, TPD may be left in place for up to 30 days and additional powder may be added ("topped off") as needed without requiring primary dressing changes. Simple secondary dressings may be used in areas of high exudation or friction. TPD dries and flakes off as the wound heals.

SUMMARY RESULTS

- In the cases presented, each of which was refractory to SOC therapy, all wounds healed and came to complete closure after treatment with TPD.
- Average time to heal for all 4 wounds after initial treatment with TPD was 47 days.

PATIENT 1: BURN

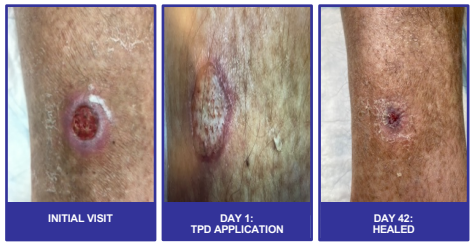
- **History:** 62 y/o male with DMT2, venous insufficiency, mild lymphedema, and deep partial thickness burn on ankle / LLE after catching sock on fire while welding
- **Wound Size:** 1.5cm x 1.5cm x 0.2cm
- **Wound Duration:** > 8 weeks (60 days)
- **Prior Treatment:** Silver Sulfadiazine 1% cream and non-adherent dressing multiple times a week
- **TPD Treatment**: Weekly applications
- **Outcome:** Fully healed in 42 days with TPD

PATIENT 2: DIABETIC FOOT ULCER

- **History:** 62 y/o female with IDDM T2, lymphedema,
- neuropathy, BMI 45.6, and two plantar DFUs
- **Wound Size:** 0.5cm x 0.5cm x 0.7cm (heel) | 1.6cm x 1.2cm x 1.2cm (5th metatarsal)
- **Wound Duration**: ~1.5 to 2 years
- **Prior Treatment**: Total contact cast with foam dressings
- **TPD Treatment**: Weekly applications
- **Outcomes**: Both ulcers fully healed within 35 days (average)
  - **Heel Ulcer:** Closed in 33 days with TPD
  - **Submetatarsal 5 Ulcer:** Closed in 37 days with TPD

PATIENT 3: TRAUMA

- **History:** 52 y/o male with CAD, renal disease, smoking disorder, and trauma wound to anterior knee
- **Wound Size:** 2.5cm x 2cm (eschar)
- **Wound Duration:** > 6 weeks (45 days)
- **Prior Treatments:** Mupirocin calcium ointment, medical grade honey, cortisone applied multiple times a week
- **TPD Treatment**: Weekly applications
- **Outcomes:** Fully healed in 63 days



CONCLUSION

The use of TPD as a universal primary dressing on non-healing wounds of different etiologies significantly improved healing times with reduced frequency of dressing changes and brought each of the non-healing wounds to complete closure. No adverse events were reported.

REFERENCES AND ACKNOWLEDGEMENTS

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