

# KERRACONTACT AG FOR THE TREATMENT OF AN INFECTED LEG ULCER ON A PATIENT WITH HEPATITIS C AND A HISTORY OF IV DRUG USE

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## Introduction

There is an estimated 87,3021 people who injected drugs in the UK<sup>1</sup>. Drug users have a wide range of health problems that increase their risk of developing venous leg ulcers due to the long term damage of the superficial veins. The further risk of venous leg ulcers due to infection could have a huge impact on the health and wellbeing of the patient and needs to be managed successfully to prevent serious complications.

## Method

A 42 year old male with a history of intravenous (IV) drug use presented with an infected venous leg ulcer (VLU). The wound was challenging due to the patient having a number of co-morbidities including Hepatitis C and vascular ulcers. The patients VLU had been present on his right leg on and off for 8 years as a result of venous insufficiency.

The wound presented was 6cm (L), x 9cm (W) x 0.3cm (D) on the anterior aspect right lower leg. There was a mixture of granulation tissue with odour present, exudate levels were noted as moderate. The wound also showed signs of over granulation tissue.

Compression bandaging was used to reverse the effect of venous hypertension, KerraContact Ag was used to treat the infection, a superabsorbent dressing was used to hold exudate, and reduce dressing changes. A two week treatment of Flucloxacillin was also prescribed to treat the infection systemically.

The treatment plan was to improve venous return, reduce infection, manage exudate and ultimately wound closure. Therefore it was decided that the wound was treated with KerraContact Ag, an innovational silver dressing that treats wound infection quickly and effectively through its unique Ag Oxysalt™ technology. The dressing is indicated for the treatment of infected wounds and also the prevention of infection in high risk cases.

## Results

KerraContact Ag was used on this complex wound for a total of 12 weeks. The wound infection was resolved during the first 2 weeks of treatment and the wound bed appeared cleaner and reduced in size over the following weeks. As there was such an improvement in the condition of the wound during the initial treatment and the wound had a history of re-occurring infection the decision was made to continue to use KerraContact Ag.

The aim of the treatment was achieved as the images show the wound significantly reduced in size. The over granulating tissue also appeared much flatter. The patient also commented that the wound was the best he had seen it in the 8 years. The wound had reduced in size to 6cm (L) x 1cm (W) at the end of treatment with KerraContact Ag.



Wound Before Treatment



Week 3



Week 7



Week 11

## Discussion

Antimicrobial resistance (AMR) has huge economic implications, in addition to causing increased patient suffering and in more severe cases patient death. Multidrug-resistant bacteria in the EU are estimated to cause an economic loss of more than €1.5 billion each year<sup>2</sup>. With antibiotic resistance being a significant concern within the NHS, it is important that clinicians look at using effective treatments to treat infection and preventing further infections.

This case study highlights how successful treatment of complex wounds can significantly improve the patient experience and care, reduce unnecessary consultations and prevent the need for further use of antibiotics by reducing the risk of further infections.

## Conclusion

The use of KerraContact Ag successfully managed the complexities of the patients wound, treating infection, malodour and overgranulating tissue. The dressing also helped progress the wound through to healing significantly reducing the risk of further infections.

## References

1. Hay Rael dos Santos A, Worsley J (2012) Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2011/12: Sweep 8 Summary Report. Public Health England.
2. <http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/data-and-statistics>
3. <http://www.nhs.uk/NHSEngland/ARC/Pages/AboutARC.aspx>