

# KERRACONTACT Ag DRESSINGS FOR THE TREATMENT OF A CHRONIC SPINAL PAEDIATRIC WOUND

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## Introduction

The general principals of wound healing are similar in children and adults, however there are limited clinical guidelines to direct the specific choice of wound care products in the management of wounds in children. The use of silver-based technology in wound dressings for use in children to provide antimicrobial properties requires additional evaluation.

Many factors can delay wound healing<sup>1</sup> and a lack, or an over proliferation of granulation tissue may delay healing and lead to a chronic wound , thereby posing a significant challenge to the clinician. Hypergranulation of the tissue in wounds can be significantly problematic due to an increase risk of infection<sup>2</sup> . Although many treatments are available for hypergranulating tissue it was decided to use Ag OxySalts wound contact layer (KerraContact Ag™ Crawford Healthcare), which had previously demonstrated good clinical results.

This case study reports the wound progress of a female child (5 years and 10 months old) with congenital malformation of the ribs and hemi vertebrae.

## Method

The child had a history of poor social circumstances and presented with ongoing issues of skin breakdown over the mid spine. It was difficult to determine if the cause was due to internal metal work or external factors (or probably a combination of both). Delayed healing was suspected, the duration of the wound was not known but pressure damage, chronic infection and biofilm presence were suspected.

The wound presented initially as approx. 3cm x 2cm and had previously been dressed with a Foam dressing and antibiotics had previously been administered. The use of KerraContact Ag dressing held in place with a silicone foam dressing was proposed to address the delayed healing and hypergranulation. Daily Trimovate treatment (anti-fungal, antibiotic, steroid) was discussed by the Tissue Viability Nurse and Community Practice Nurse, but this option was rejected due to concerns that carers would not administer the daily treatment that was required.

KerraContact Ag dressings were initially changed every 2 days for the first 2 dressing changes to check for any adverse effects due to the age of the child and the fact that silver dressings had not previously been used on paediatrics. The dressing was then left in situ for 1 week. The childs pushchair was also assessed for padding to help prevent external pressures as the child attends a tertiary hospital regularly for rod lengthening and review of her spine.

The aim of the treatment was to reduce and address the chronic infection, reduce hyper-granulation and help promote wound healing.

## Results

KerraContact Ag™ dressings were applied to the wound for a total duration of 14 days. After this period, treatment with KerraContact Ag™ dressings was discontinued and the wound was dressed with a silicone foam dressing . Although a second wound is identifiable (photo 2) the original wound showed significant improvement as it had significantly reduced in size with resolution of hypergranulation .

The aims of the treatment were achieved as the images show the wound significantly reduced in size.

Wound images were taken during the treatment period (see below – images reproduced with patient permission).

### Wound upon initial presentation



### Wound after 2 weeks treatment (end of treatment)



## Discussion

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.

KerraContact Ag is the only antimicrobial dressing containing Ag Oxysalt technology which utilises silver in its most active state  $Ag^{3+}$  making it fast and effective at killing bacteria, biofilms and prevents biofilm reformation<sup>2</sup>.

Clinicians commented that the dressing achieved all the treatment goals and exceeded clinical expectations

## Conclusion

The use of KerraContact Ag dressings successfully managed the complexities of this wound, treating both infection, hypergranulation and suspected biofilm<sup>3</sup>. This study helps provide clinical evidence for the safety and efficacy of Ag Oxysalts technology in patients with infection and suspected biofilm.

There is limited data surrounding the use of dressings containing silver on children and neonates<sup>1</sup>, however in this instance the application of KerraContact Ag dressing on this paediatric wound proved extremely beneficial.

KerraContact Ag dressings should be considered for its safety and efficacy in appropriate patients with infection and suspected biofilm<sup>3</sup>.

## References

1. Appropriate use of silver dressings in wounds. An expert working group consensus. London: Wounds International, 2012. Available to download from [www.woundsinternational.com](http://www.woundsinternational.com)
2. Stephen–Haynes J, Hampton S(2010). Achieving effective outcomes in patients with overgranulation. Available at <http://tiny.cc/egdit> (accessed 21 February 2013)
3. Thomason H, Beasley A(2016). A new innovation in treating infected wounds and disrupting biofilms. Wounds UK 12(1):78-84