

Salvage Therapy of Open, Infected Surgical Wounds: A Retrospective Review Using Techni-Care[®]

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ABSTRACT

Objective: To determine outcome of infected surgical wounds treated with 3% para-chloro-meta-xyleneol + 3% phospholipid PTC [PCMX-PL] (Techni-Care[®]). **Design:** Retrospective review of patient records. **Setting:** University hospital. **Patients:** Thirty consecutively treated patients (sixteen male, fourteen female) who had developed open infected wounds (twenty-one abdominal [seventy percent], nine extremity [thirty percent]). Mean patient age was 50.1 years. All wounds were treated with commonly practiced wound care techniques (e.g., debridement, frequent dressing changes using saline or topical antibiotics, and, in most cases, parenteral antibiotics) for an extended period of time prior to intervention (mean = 35 days). **Interventions:** PCMX-PL, a topical microbicide, was used as adjunctive therapy. Eight outcome parameters were analyzed: (1) patient morbidity and mortality; (2) wound healing; (3) number of debridements; (4) wound culture results; (5) leukocytosis (peripheral white blood cell count >10,000 cells/ μ l); (6) number of febrile days (temperature >101°F); (7) length of hospital stay; and (8) number of days of intensive care. **Results:** No treatment failures or adverse reactions to PCMX-PL were seen. Twenty (sixty-seven percent) wounds were healed or had been successfully closed while ten (thirty-three percent) were granulating well at sixty-day follow-up. The number of debridements, positive wound cultures, white-blood-cells, and febrile days decreased after PCMX-PL treatment began. **Conclusions:** Despite severe underlying diseases, all patients were discharged from the hospital with closed or healing wounds. We recommend treatment with PCMX-PL as an adjunctive therapy for infected wounds particularly when standard care measures have failed.

INTRODUCTION

COMPLEX, INFECTED, OPEN SURGICAL WOUNDS represent a difficult treatment problem, particularly in immunocompromised patients in whom such wounds are associated with increased morbidity and mortality [1-4]. As the population ages, surgeons can expect to treat increasing numbers of patients who suffer from

vascular insufficiency, diabetes, malnutrition, immunodeficiency after organ transplantation or treatment of malignancy, or a combination of these risk factors that predispose these individuals to wound infection and delayed wound healing [5,6]. Wound infections in this patient population can be vexing to treat.

In general, once wounds that are closed per primam exhibit evidence of infection, they are

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