



## PRELIMINARY DATA ABOUT WOUND CARE MANAGEMENT IN BURULI ULCER (BU). EVIDENCE FROM LESIONS COMPLICATED BY TOPICAL (T-MC) AND NON-TOPICAL MICROBIAL COLONIZATION (nT-MC)

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## BACKGROUND

Topical Microbial Colonization (T-MC) can lead to lesion chronicization due to increased exudate and fibrine. The properties of ozone and Hyperoil® avoid wound worsening, reduce the risk of secondary infection and stimulate tissue repair.

Helios Med ONLUS has drawn up a form to collect demographic and clinical data for the treatment of skin lesions. Since 2012, in DR Congo and Benin, it detects infections in acute and chronic skin lesions due to Buruli Ulcer (BU) or other aetiology (n-BU), which influence not only the healing time of the trophic lesions but also the patients' quality of life.



Since 2012 Training in Wound Care Management with Ozone Therapy and Hyperoil® Treatment to local health workers in order to meet the local needs

## CASES AND METHOD

### Ozone Therapy

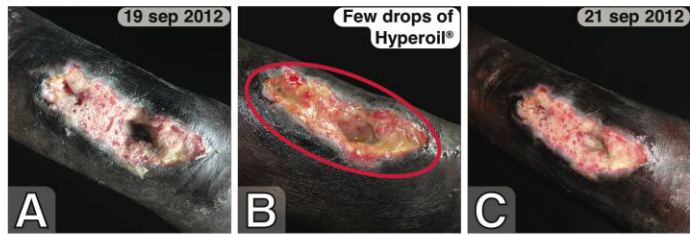
(O<sub>2</sub>-O<sub>3</sub> mixture at a concentration of 20-30 µg/ml for 20 minutes)



Iabichella ML et al., The PARI protocol. Evidence-Based Medicine Buruli Ulcer Ozone Treatment, Pozzallo: HeliosMed, 2013

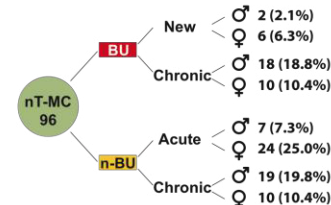
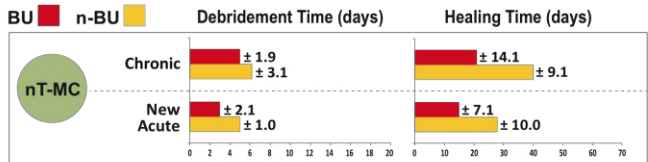
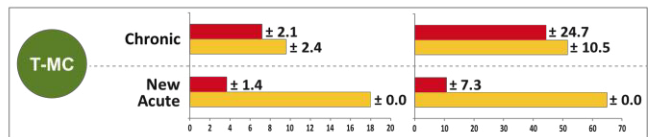
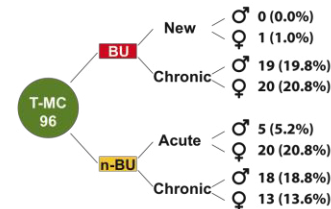
### Hyperoil® Treatment

(mixture of Hypericum perforatum and Azadirachta indica)

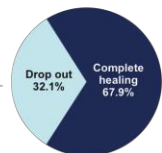


Iabichella ML et al., Localized Treatment of Chronic Buruli Ulcer with Hyperoil®: an Unexpected Outcome, Austin J Clin Case Rep. 2014;1(7): 1035

## RESULTS



Aetiology	BU	n-BU	Drop out (%)			
			New/Acute		Chronic	
			♂	♀	♂	♀
T-MC	BU	n-BU	-	-	1.0	1.0
nT-MC	BU	n-BU	1.0	1.0	9.4	5.2
	BU	n-BU	2.1	-	8.3	-



## CONCLUSION

Data suggest that **topical treatment of BUs necessarily requires antiseptic dressings able to reduce the risk of T-MC** and effectively stimulate the granulation tissue, and the complete tissue repair. BUs and n-BUs without Topical Microbial Colonization (nT-MC) have shorter debridement and healing times. As a matter of fact, **when BUs are complicated by T-MC, they need significantly longer healing time than n-BUs**, and also they require a longer debridement time, above all new BUs. Thus, training local health workers is relevant to prevent T-MC, in order **to avoid chronicization and complications related to management.**