

Clinical Evaluation of Matrix Metallo Protease (MMP) Regulating Treatment in Therapy Resistant Wounds

Observational Case study

Dijk van Carla, Dankelman Marsha, Belt Esther, Elsinga Ben, Kuijper Yolanda, Kuijt Ilse, Özer Ayse, Post Henri, Sandtke Paula, Veer van der Ludy, Weide van der Mascha.

November 2017 | Eveen Wound Care Centre, Koog aan de Zaan, The Netherlands

Case 1 | Woman | 93 years | Wound since 15 years | CVI with edema AAI >0,8 | Ulcus Cruris Venosum



After 3 weeks: wound shape has changed from 3,2x1,7cm to 3,2x0,5cm on top and 3,2x2cm at the bottom. After 5 weeks: 1x1,2cm wound closer no. Stopped because on going improvement in wound healing.

Case 2 | Woman | 64 years | Wound since 11 months | Osteoarthritis, hypertension, TKP li, Eczema, CVI with edema | Ulcus Cruris Venosum



After 3 weeks: wound was 40% smaller | Wound closure after 58 days.

Results: In a series of case studies the response to treatment was recorded. Ten patients, all showing chronic, therapy resistant wounds (diverse etiology), received treatment with an MMP regulating dressing. All wounds demonstrated a change, no longer stagnating but responsive to treatment.

In all cases identical dressing was used. We did not compare to any other form of treatment. As a result, we are unable to conclude that the results are caused by the dressing used, the dressing alone, or if any other concurrent factor could have contributed to the results.

In three cases signs of infection occurred. The dressing contains a compound intended to control contamination and infection. In one case, the wound surface area enlarged, with increased levels of pain. This was diagnosed as a Martorell's ulcer. In two cases hyper granulation occurred after an average treatment duration of 40 days.

Conclusions: The MMP regulating dressing seemed to jump-start chronic wounds to another stage of healing. In five cases this led to complete healing; two other cases showed a significant improvement. In answer to our initial question, what is the effect of MMP regulating treatment on stagnating, therapy resistant wounds, we are positive where it concerns the cases observed by our team.

Case 3 | Woman | 83 years | Wound since 4 months | Rheumatism, CVI with edema | Ulcus Cruris Venosum



After 1 week: wound is 10% smaller | 2 weeks 20% smaller | 4 weeks 40% smaller | Wound closure no | Stopped because of wound infection.

Case 4 | Woman | 54 years | Wound since 6 months | Mental retardation, epilepsy | Decubitus category 3, probably caused by frequent friction during seizures.



After 3 weeks: wound is 15% smaller | Wound closure after 5 weeks.

Case 5 | Man | 81 years | Wound since 2,5 months | Thrombosis leg right (1998) | Recurrent Ulcus Cruris Venosum due to edema increase when not wearing therapeutic elastic stockings.



After 1 week: wound is 10% smaller | after 2 weeks 40% smaller | after 3 weeks 10% smaller | after 4 weeks 70% smaller | Wound is not closed but treatment will be continued.

Case 6 | Woman | 82 years | Wound since 7 weeks | Hypertension, Heart failure, CVI with edema | Ulcus Cruris Venosum



After 1 week: wound is 5% bigger | after 2 weeks 10% smaller | after 4 weeks equal | after 6 weeks 30% smaller | Stopped after 60 days because of stagnation.

This study was unsponsored. The dressing used in this study is branded as MelMax® and is manufactured by Principelle Nederland B.V. in the Netherlands. AllweCare medical B.V. contributed to the design and presentation of this poster.