

# MelMax<sup>®</sup> and DerMax<sup>®</sup> for venous leg ulcers therapy

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## Background

In the inflammation phase of non healing venous leg ulcers covered with slough, and fibrin, MelMax wound dressing was applied and in the granulation phase the treatment has been continued with DerMax wound dressings.

The carrier of both wound dressings is acetate mesh gauze.

DerMax is impregnated with metal ions and citric acid in a formulation named Poly Hydrated Ionogens (PHI-5). PHI-5 balances matrix metalloproteinases (MMP), which is important in tissue inflammation, degeneration and repair.

MelMax is impregnated with a mixture of PHI-5 identical to DerMax and a phenolic rich honey which has antibacterial and antioxidant properties.

## Materials and methods

Three patients (one female and two male; mean age 75 years) with six venous leg ulcers (area from 1.6 to 160 cm<sup>2</sup>) with chronic venous insufficiency stages C6 according to CEAP classification were included.

All ulcers persisted for more than 6 weeks. Peripheral arterial occlusive disease was excluded. MelMax was applied on contaminated ulcers in two patients. After one week, when the ulcers were free of slough, and fibrin, granulation tissue appeared and DerMax was started.

Dressings were changed every other day. Secondary absorbent dressings and long stretch bandages were applied to each patient. In one patient DerMax therapy was immediately initiated because the ulcer was already granulated.



Fig.1. Female, age 70, multiple venous ulcers on left calf.



Fig. 2. MelMax was applied on contaminated ulcers.



Fig.3. DerMax was started when ulcers were free of slough and fibrin and granulation tissue appeared.



Fig. 4. and 5. Almost complete healed ulcer after one month.



Fig. 5.



Fig. 6. Complete healed ulcer.

## Results

In both patients with contaminated ulcers (five ulcers) the wound bed became granulated after one week of MelMax therapy.

Progress of re-epithelialisation from the edge and from the wound bed. An average wound area reduction was achieved of 60% after one month of DerMax therapy.

Average rate of ulcer healing: 0,33 cm in the first month of observation according to the Gilman formula.

## Conclusions

MelMax therapy was found to be very effective for wound bed preparation in contaminated leg ulcers.

DerMax therapy contributed markedly in the re-epithelialisation phase of wound healing and accelerated wound healing.

## References

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