A synthetic bioresorbable polymeric matrix* to treat recalcitrant wounds with bioburden: A clinical case series



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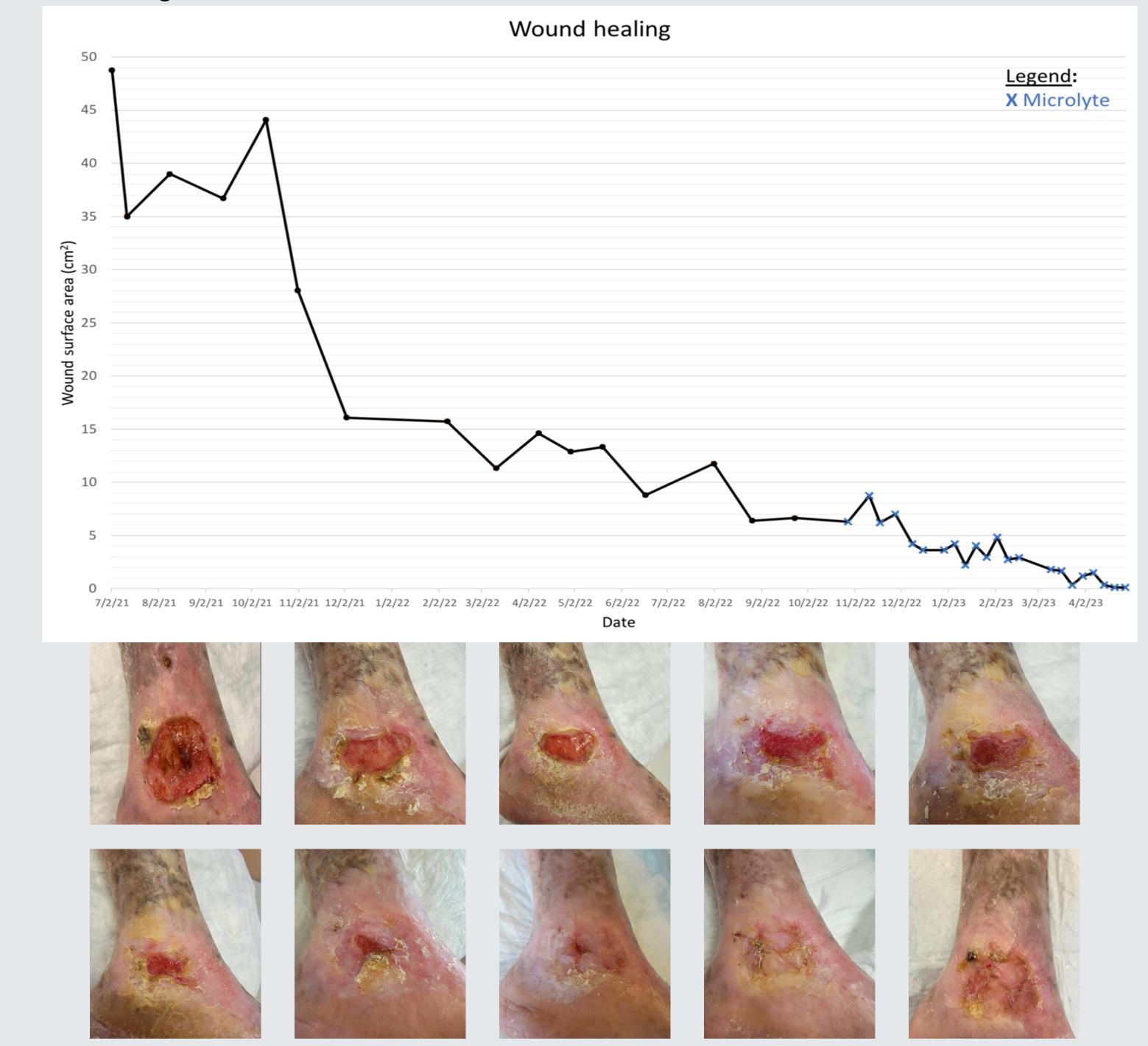
INTRODUCTION

- Chronically stalled wounds that have entered a nonhealing phase due to altered wound milieu, persistent inflammatory state, and biofilm formation represent a difficult clinical problem.
- Hypothesis: Chronically infected wounds and those with high bioburden may respond well to a novel synthetic bioresorbable polymeric matrix*

*Microlyte® Matrix, Imbed Biosciences, Inc., Middleton, WI

CASE 1

- 91 year-old female with recalcitrant chronic venous ulcer of 11 year duration
- Underwent multiple venous ablation procedures and arterial revascularization (anterior tibial angioplasty)

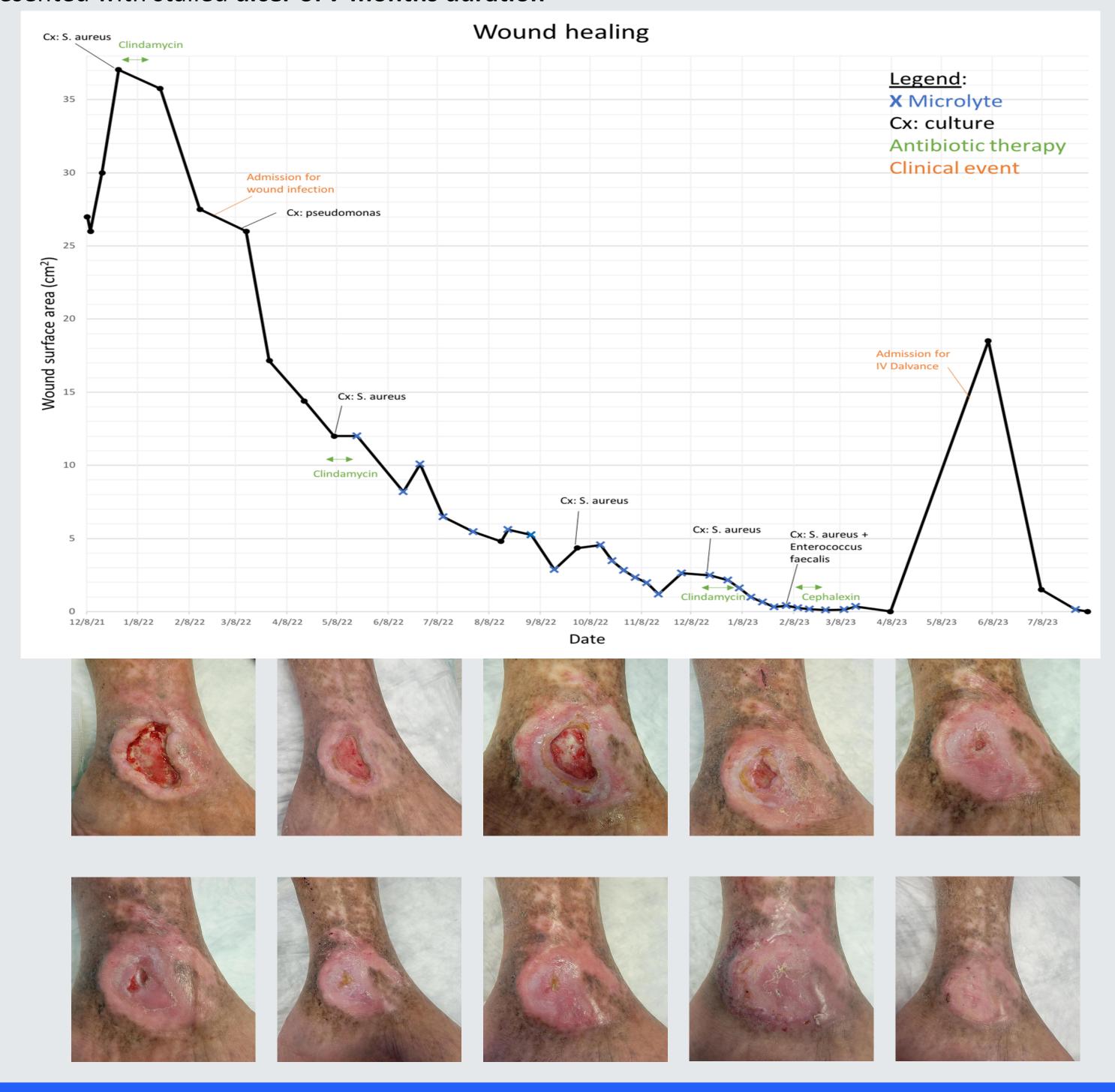


METHODS

- Retrospective case series of 5 patients (2 patients not included here) with chronic infection and wound bioburden. Additional patients and clinical details available upon request.
- Patients underwent standard local wound care including debridement, compression therapy, and antibiotics.
- Polymeric matrix was applied serially to the nonhealing wounds.
- Wound dimension, clinical events, culture results, and antibiotics administered were collected and tracked over time.

CASE 2

- 69 year-old female with history of venous insufficiency, diabetes, smoking, and chronic recurrent ankle ulcers for 13 years
- Presented with stalled ulcer of 7 months duration



DISCUSSION

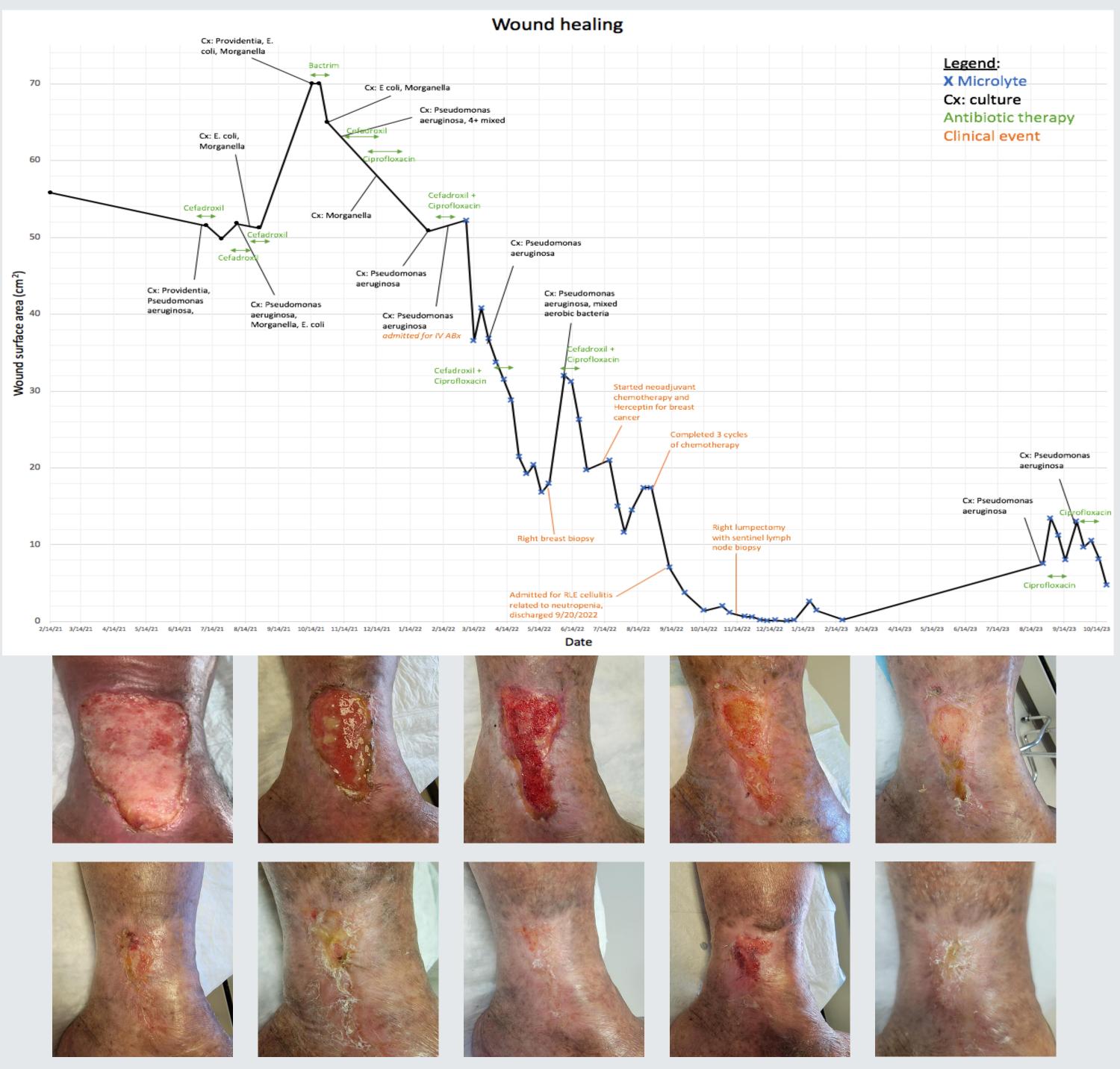
• In challenging, long-standing wounds (months to years duration), all patients healed completely with serial Microlyte® Matrix application.

• This novel bioresorbable polymeric matrix shows promise in treating chronically infected wounds and those with

- bioburden that have failed multiple antibiotics and standard silver-based dressings.
- Matrix provides a sustained release of antimicrobial silver ions and a breathable environment that supports vascularization and reduces colonization.
- Larger multicenter trials are needed to delineate the ideal wound population and to optimize treatment technique.

CASE 3

- 80 year-old female with history of venous insufficiency, ulcer of 6 year duration
- Course complicated by hospital admission for neutropenia and sepsis due to chemotherapy for breast



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