

Kliiniline küsimus nr 17

Kas kõikidel kroonilise venoosse haavandiga patsientidel kasutada haavandi ümbruse naha kaitsmiseks spetsiaalseid vahendeid (kaitsekreemid, emulsioonid, geelid, vahud) vs mitte?

Tulemusnäitajad: ravisoostumus, ravi tulemuslikkus, haavandi paranemine, patsiendi elukvaliteet, patsiendi rahulolu, hospitaliseerimine, elulemus, üldsuremuse vähenemine

Süsteematised ülevaated

Kokkuvõte süstemaatilistest ülevaadetest

I Matsersatsioon- üks meta-analüüs, mis võtab kokku 7 randomiseeritud ja 2 juht- kontroll uuringut.

II Staasekseem- süstemaatilised ülevaated puuduvad, üks randomiseeritud kontroll-uuring. Ekspertide soovitus.

III Ümbritseva naha hooldus- uuringud puuduvad, ekspertide soovitus.

Viited

Kokkuvõtte (abstract või kokkuvõtlikum info)	Viide kirjandusallikale
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I Matseratsioon

1.1 A liquid film-forming acrylate for peri-wound protection: A systematic review and meta-analysis (3 M Caviilon no-sting barrier film); Jan Schuren, Anja Becker, R Gary Sibbald; 2005

Nine studies were included: 7 RCTs (463 participants) and 2 case-control studies (41 participants).

The meta-analyses showed no significant difference in erythema/maceration control between NSBF and traditional treatments (4 studies) and a significant difference in favour of NSBF compared with no treatment or placebo (4 studies). Cleansing time (2 studies) and application time (1 study) were significantly shorter for NSBF. Pain (2 studies) and patient comfort (1 study) outcomes significantly favoured NSBF.

One RCT (35 patients) showed no difference in wound healing between NSBF and zinc paste.

1.2 The scourge of chronic venous leg ulcers- is topical zinc the answer? A Review of the literature. O'Connor S¹, Murphy S., 2014

Topical zinc ointment as a skin protectant:

Cameron, Hoffman 2005 studied the effects of different types of peri-wound skin protectants on venous leg ulcers. Their small randomised controlled trial revealed that there was very little difference in terms of the decrease in wound size or the healing rate of the ulcers between the two products (zinc and Caviilon No Sting Barrier Film)- uuringu tulemused kajastuvad ka meta-analüüsis.

In conclusion there is insufficient evidence to suggest that topical zinc ointment improves the healing of venous leg ulcers or better protects the skin surrounding these types of wounds over other products

II Venosne staasekseem- Süstemaatilised ülevaadet puuduvad. Kirjandusest on leida vaid neli uuringut, mis uurivad staasekseemi ravi. Neist kaks on tehtud lokaalsete kortikosteroididega (üks ilmus 1980 aastatel; teine 2005 aastal). Üks piloottuuring keskendub toopilise takroliimuse ning oraalse doksütsükliini kombinatsioonravile ning neljas takroliimuse toopilistele omadustele.

I Matseratsioon

1.1 Schuren J, Becker A, Sibbald RG. A liquid film-forming acrylate for peri-wound protection: a systematic review and meta-analysis (3M Caviilon no-sting barrier film). Int Wound J. 2005 Sep;2(3):230-8.

1.2 O'Connor S, Murphy S. Chronic venous leg ulcers: is topical zinc the answer? A review of the literature. Adv Skin Wound Care. 2014 Jan;27(1):35-44; quiz 45-6. <http://www.ncbi.nlm.nih.gov/pubmed/24343392>

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2.1 Weiss SC, Nguyen J, Chon S. "A randomized controlled clinical trial assessing the effect of betamethasone valerate 0.12% foam on the short term treatment of stasis dermatitis"

42-päevane randomiseeritud topelt-pime vehicle-controlled pilot-uuring. Twice-daily application of betamethasone valerate 0.12% foam versus vehicle foam to bilateral randomly assigned lower legs for 28 days with follow-up to day 42

MAIN OUTCOME MEASURES: The primary clinical endpoints were the mean change in erythema, scale, swelling, petechiae, post-inflammatory hyperpigmentation, and self-reported pruritus, assessed on a 5-point Likert scale (0 = clear, 1 = almost clear, 2 = mild, 3 = moderate, 4 = severe). Secondary endpoints were changes in health related quality of life (HRQL) using the EuroQol-5D (EQ-5D) utility score and visual analog scale (VAS) and the Dermatology Life Quality Index (DLQI).

RESULTS: Although there was no overall difference between the foam and vehicle-treated leg at days 14 and 28, the steroid-treated leg, but not the vehicle-treated leg, showed statistical improvement over baseline. Improvement in the steroid-treated leg was statistically better than vehicle at days 14 and 28 in terms of erythema ($P < .05$) and petechiae ($P < .05$). Improvement in VAS was notable at days 14 (7.1%), 28 (9.7%), and 42 (9.6%) ($P < .001$). Similarly, there was a statistically significant improvement in the DLQI compared to baseline on visit days 14 (188.9%) and 28 (126.1%) ($P < .001$).

CONCLUSIONS: This study suggests that betamethasone valerate 0.12% foam is an effective and well-tolerated short-term treatment of stasis dermatitis, but that higher potency steroids may be needed to achieve better efficacy. Furthermore, these results are the first to suggest that the application of effective topical anti-inflammatory therapy can lead to improvement in HRQL.

III Naha hooldus

Skin care — Gentle skin cleansing and frequent use of bland emollients are indicated for the symptomatic treatment of skin dryness and pruritus associated with stasis dermatitis. Patients should gently wash their legs daily using mild non-soap (synthetic) liquid cleansers (eg, Dove, Olay, Cetaphil, Aveeno, Neutrogena) to remove scale, bacteria, and crusts. Products without common

2.1 Weiss SC, Nguyen J, Chon S, Kimball AB. A randomized controlled clinical trial assessing the effect of betamethasone valerate 0.12% foam on the short-term treatment of stasis dermatitis. *J Drugs Dermatol*. 2005 May-Jun;4(3):339-45. <http://www.ncbi.nlm.nih.gov/pubmed/15898290>

III 3.1. Fransway AF; Stasis Dermatitis. Uptodate andmebaas.

<http://www.uptodate.com/contents/stasis-dermatitis>

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<p>preservative allergens or fragrance are less irritating and less likely to induce contact sensitization.</p> <p>Emollients provide a film of oil to lubricate the skin, which limits dryness and itching. Petrolatum-based products are preferred to emollients containing lanolin or fragrances to reduce the risk of contact sensitization. White petroleum jelly is effective, inexpensive, and non-sensitizing. Emollients can be applied multiple times per day. Emollients are best applied when the skin is damp (ie, immediately after showering or bathing) and may be applied after wet dressings to seal in hydration.</p> <p>3.2 Showering or bathing should be encouraged where possible, and can be beneficial for both the wound and periwound skin problems. Using conventional soap products containing surfacants can have a drying effect on the skin, causing immediate after-wash tightness, dryness, redness, irritation and itch, and may damage the skin barrier. Emollient wash products should therefore be used.</p>	<p>3.2 Langoen, A. Lawton, S. Dermatological problems and periwound skin. Published: November 2009 http://www.worldwidewounds.com/2009/November/Lawton-Langoen/vulnerable-skin-3.html</p>
<p>3.3 Gentle washing and emollients have been shown to be effective in all forms of eczema/dermatitis. They help to restore the barrier function and reduce the role of infective organisms as a cause of damage. Washing for about 10 minutes twice a day is optimal. Water just above body temperature is most desirable, and the more natural the emollient soap, the more supportive it is of the epidermis. The vernix caseosa is effective in the newborn, sebum is effective in the adult, and natural wool fats such as lanolin are good substitutes. Most aging skin requires a substitute.</p>	<p>Ryan TJ¹. Common denominators for the low-cost management of leg conditions. Int J Low Extrem Wounds. 2002 Mar;1(1):62-7. http://www.ncbi.nlm.nih.gov/pubmed/15871954</p>

Ravijuhendid

Kokkuvõte ravijuhendites leiduvast

1) SVS_AVF 2014Guideline 4.16: Periulcer Skin Management

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We suggest application of skin lubricants underneath compression to reduce dermatitis that commonly affects periulcer skin. [GRADE - 2; LEVEL OF EVIDENCE - C] In severe cases of dermatitis associated with venous leg ulcers, we suggest topical steroids to reduce the development of secondary ulcerations and to reduce the symptoms of dermatitis. [GRADE - 2; LEVEL OF EVIDENCE - C]

2) SIGN_2010 Regulaarne niisutavate kreemide kasutamine + haavandi servade katmine kaitsvate vahenditega, takistamaks matsratsiooni teket. Mitte-komplitseeritud dermatiidi ravi niisutavate kreemidega, vajadusel toopilised kortikosteroidid. Kui dermatiit ei allu III grupi hormoonidele peaks teostama epikutaantestid. Leg ulcer patients with dermatitis/eczema should be considered for patch-testing using a leg ulcer series. (D- Evidence level 3 or 4; or Extrapolated evidence from studies rated as 2⁺)

3) AWMA_2011 The Expert Working Committee recommends venous eczema be investigated and managed promptly to prevent skin breakdown, relieve discomfort and promote overall healing of VLUs. Consider using topical barrier preparations to reduce peri-ulcer erythematous maceration in patients with VLU. (Grade C)

Otsingusõnad:

venous ulcer stasis dermatitis, venous ulcer dermatitis, venous ulcer maceration, venous ulcer zinc, venous ulcer periulcer skin, venous ulcer periwound. Kasutatavaid allikaid leidis 6 + ravijuhendid (SVS; SIGN, AWMA)