CORRESPONDENCE

Wounds – From Physiology to Wound Dressing

by Prof. Dr. med. Peter Kujath, Dr. med. Angela Michelsen in volume 13/2008

Simple Remedy

Not mentioned specially, but more or less incidentally, potassium permanganate is described as being obsolete. I find this astonishing, having obtained outstandingly good results with highly diluted KMnO_4 solutions and baths in the treatment of infected wounds, paronychia etc. both in Africa and here. And why should PVP-iodine solution not be diluted? For cleansing of larger abrasions in children, I fully recommend the generous use of 1 to 2% iodine solution. I have the feeling that the "simple" remedies are eagerly termed "obsolete" because they are too cheap. What do the available data tell us?

DOI: 10.3238/arztebl.2008.0557a

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Conflict of interest statement

The author declares that no conflict of interest exists according to the Guidelines of the International Committee of Medical Journal Editors

Evidence Based Guidelines

It might be added that there are a number of evidence based guidelines for wound management which come out clearly in favor of using various modern wound dressings. The Guideline Library of the Guidelines International Network (GIN) contains at least eight such guidelines.

These include the guideline of the Royal College of Nursing and the National Institute for Health and Clinical Excellence (NICE) in the UK dating from 2005 (1). The Health Technology Assessment of the American health authority issued a guideline recommending modern wound dressings in 2005 (2). The Registered Nurses' Association of Ontario (RNAO) has also produced a similar guideline (3).

Modern wound dressings are the therapeutic standard of evidence based medicine even if such guidelines have not yet been published in Germany.

DOI: 10.3238/arztebl.2008.557b

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Dr. Gentz regularly writes scientific articles for commercial enterprises, including on the topic "modern wound management", e.g. for Johnson & Johnson, BSN Medicare, Urgo, S + N

Silver Underestimated

From the viewpoint of the general practitioner, who is regularly confronted with chronic and problem wounds both in daily practice routine and in old age nursing homes, the value of silver for the local treatment of infected wounds is given insufficient attention in the article. It is merely mentioned briefly in Box 3. It is not referred to anywhere else in the text.

Especially for locally infected wounds, treatment with silver in combination with hydrocolloids, polyurethane foams etc. has proved outstandingly successful. Silver is bactericidal, also against all problem germs, including methicillin-resistant *Staphylococcus aureus* (MRSA). It is well tolerated, causes no hepatic or renal impairment and provokes no allergies or resistances.

DOI: 10.3238/arztebl.2008.557c

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Conflict of interest statement

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Requirements Too High

I am surprised that the authors - without evidence based data - set such a high standard for "Planning and performance of dressing change" in Box 2 by demanding the use of a sterile underlay, sterile compresses and sterile disposable gloves – why not normal disposable gloves? Dressing changes can no longer be performed economically under these conditions in general medical practice.

DOI: 10.3238/arztebl.2008.557d

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Conflict of interest statement

The author declares that no conflict of interest exists according to the Guidelines of the International Committee of Medical Journal Editors