The Use of CurX™ Antimicrobial Gel in the Treatment of Severe Abrasions

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Introduction

A 22-year old healthy male with no comorbidities was admitted to the emergency room with 2nd degree abrasions secondary to a locker room injury. Patient's tetanus status was addressed and wounds were cleaned and dressed with triple-antibiotic ointment, sterile gauze, and impregnated silver mesh. Patient and his parents were instructed to continue this dressing course BID upon release.

Course

Five days post-hospitalization saw no visible reduction in wound state. Patient expressed distress over necrosis formation at the site and a 5/10 pain level. A trial of CurX with sterile gauze and paper tape was initiated at this point.

Day 1: Initiation of CurX therapy

Method

The wound was flushed with sterile saline, blotted dry, and a thin layer of CurX™ was applied topically to the wound bed and surrounding tissue. Wound dressing consisted of sterile gauze, kerlix, and paper tape. Patient was instructed to continue dressing changes BID, in the manner described.

Results

By day 3 of treatment with CurX, the wound had visibly improved. The eschar had autolytically debrided and the wound profile showed granular bases with well demarcated borders and the formation of skin islands. Patient reported a reduction of pain to 2/10.

Day 3:

After 10 days of dressing changes utilizing CurX™, the epithelial layer of skin had regenerated peripherally with mild central eschars at the central aspect of the wound bases. Pain was eliminated. Patient was able to resume normal activity at 10 days.

Day 10:

Conclusion

A rapid rate of healing, pain reduction, and elimination of necrotic tissue without requiring active debridement was achieved using CurX Antimicrobial Gel. This dressing change protocol was significantly more economically effective than advanced impregnated dressings, while providing an appropriate environment for epithelization of the wound bed.