USING A NOVEL CONTACT LAYER FOR THE MANAGEMENT OF EPIDERMOLYSIS BULLOSA SKIN LESIONS

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INTRODUCTION

Epidermolysis bullosa (EB) is a heterogeneous group of rare, inherited skin diseases characterized by recurrent painful skin lesions, often induced by minor trauma resulting in dermal-epidermal separation or split. To limit any additional risk, (because not always due to trauma) wounds should be covered with a non-adherent dressing, recovered with a non-adherent pad and secured with soft gauze bandage. The advantages of a new contact layer, particularly that of pain-free removal, appear to be congruent with the treatment of skin lesions in patients with EB. This clinical study was undertaken to evaluate the acceptability, tolerance and efficacy of this novel contact layer dressing in the management of EB skin lesions.

MATERIALS AND METHODS

This was an open label single-center, non-randomized clinical trial conducted on 20 patients (11 adults and 9 children) suffering from simplex or dystrophic EB. Skin lesions were treated with the study dressing for a maximum of four weeks. The study dressings consisted of a novel contact layer containing petrolatum formulation and hydrocolloid particles. At all dressing changes, the wound parameters, wound pain, and effect on quality of life were recorded.

RESULTS

- All 20 patients completed the trial and a total of 152 dressing changes were documented.
- Nineteen out of 20 wounds healed within 8.7 +/- 8.5 days.
- Dressing application was considered by patients as easy or very easy in 94.5% of dressing changes.
- Dressing removal was considered as easy or very easy in 98% of changes. Dry dressing removal was performed in 87.2% of recorded changes; 12.7% were moistened with saline at the time of removal.
91% of dressing changes were reported to be pain-free; of the remainder, 9% were rated as mild to moderate.

Overall, 11 patients (55%) reported that their quality of life was improved after using the tested dressing. Most adults and all children felt less apprehensive about dressing changes than they had with prior dressings. Nineteen out of 20 patients (95%) stated that they would use this dressing to manage their lesions in the future.

CONCLUSION

This study confirmed the very good acceptability and efficacy of a new contact layer dressing in the treatment of EB skin lesions, most notably in young patients.

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