

Question

- How effective is Maggot Debridement Therapy (MDT) in the non-surgical patient?

Purpose/Objective

- Chronically ill patient was offered amputation of limb due to non healing chronic wound.
- Amputation was not possible when first admitted due to fragile condition.
- Patients goal was limb salvage.
- MDT was discussed and agreed upon by patient and medical team.

Procedures

- Chemical debriding agent was used for four days to soften necrotic tissue.
- MDT contained in a pouch was placed on the wound.
- Two applications were needed to debride wound.
- Wound was debrided by day four. MDT stayed in place for eight total days.
- Outer dressing of saline moist gauze, ABD pads and rolled gauze required daily changing, leaving MDT in place.
- A Zinc based cream was used to protect periwound skin from an increase in drainage from wound during treatment.
- A dressing to establish hemostasis was needed before second application of MDT.

Results



10/23/2017
Wound before application of MDT.



10/25/17
Day two after application, contained larva appear larger in size.



10/26/17
After three days of MDT in place. Soft black eschar required trimming for MDT to reach tissue



10/26/17
After trimming dark necrotic tissue covering wound, Second application of MDT was place.

10/27/17 Assessment of wound 24 hours after trimming dark necrotic tissue.



10/31/17 Appearance of wound when second application of MDT was removed.



11/21/17 Appearance of wound one month after use of MDT.



12/27/17 Appearance of wound two months after use of MDT.



Conclusions & Implications

Contained MDT was effective in debriding the wound and reactivated healing in an otherwise non-healing chronic wound. Patient was pleased with progress of contained MDT which paved the way to healing and salvaged the limb. These results were quicker than anticipated. If dark necrotic tissue was removed earlier, debridement of wound would have been quicker and may have only needed one application.

References

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