

Sucrose octasulfate dressing versus control dressing in patients with neuroischaemic diabetic foot ulcers (Explorer): An international, multicentre, double-blind, randomised, contr...

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Sucrose octasulfate dressing versus control dressing in patients with neuroischaemic diabetic foot ulcers (Explorer): an international, multicentre, double-blind, randomised, controlled trial

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Summary

Background Diabetic foot ulcers are serious and challenging wounds associated with high risk of infection and lower-limb amputation. Ulcers are deemed neuroischaemic if peripheral neuropathy and peripheral artery disease are both present. No satisfactory treatment for neuroischaemic ulcers currently exists, and no evidence supports one particular dressing. We aimed to assess the effect of a sucrose octasulfate dressing versus a control dressing on wound closure in patients with neuroischaemic diabetic foot ulcers.

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Topical treatment of chronic venous ulcers with sucralfate: A placebo controlled randomized study

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Abstract. Venous leg ulcers are an important medical issue due to their high incidence in the elderly and the lack of a standard curative approach. Apart from surgical therapy, different medical treatments to effect ulcer wound repair and regeneration are currently being investigated. Sucralfate is a cytoprotective agent employed to prevent or treat several gastrointestinal diseases such as gastroesophageal reflux, gastritis, peptic ulcer, stress ulcer and dyspepsia. In this study we evaluated the efficacy, safety and tolerability of topical sucralfate (SUC-LIS 95) on the healing of chronic venous leg ulcers in 50 patients by a double-blind, placebo-controlled, randomized study. Our results indicated that the daily application of SUC-LIS 95 to non-infected post-phlebitis/vascular ulcers, for a median period of

42.0 days, led to complete healing in 95.6% of patients, against only 10.9% of cases with a matched placebo. A significant improvement was obtained in the SUC-LIS 95-treated patient group with regard to local tissue inflammation as well as pain and burning, and consequently, in ulcer size and the evolution of granulation tissue. Our findings were corroborated for selected patients by the morphological analysis of biopsies obtained before and after treatment. Using ultrastructural analysis we demonstrated that the topical use of SUC-LIS 95 was able to affect neoangiogenesis, increase wound contraction, promote re-epithelialization of the wound area and diminish the inflammatory reaction. Overall, our results indicated that patients with chronic venous ulcers show improvement after the use of topical sucralfate.

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Topical use of Sucralfate Cream in second and third degree burns Anjana Banati ^{a,*}, Siti Roy Chowdhury ^a, Saswati Mazumder ^b

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Abstract

This clinical study was undertaken to test the efficacy of topical Sucralfate Cream in second and third degree burns. Topical Sucralfate Cream has been used on a wide variety of lesions from radiation proctitis and dermatitis to keratoconjunctivitis with remarkable results. The study was carried out in two phases. The first phase comprised 60 patients, 30 of whom were treated with Sucralfate Cream while the other 30 were treated with other topical antimicrobial agents. Twenty-one of the patients in the study group had second-degree burns and nine patients' third degree burns. In the second phase, a double blind study was carried out on 25 patients where one area of burns was treated with Sucralfate Cream while another control area of the same patient was treated with a placebo ointment, containing the excipients used during preparation of the Sucralfate Cream, without Sucralfate. In the first phase, it was seen that the period of epithelialisation of second degree burns in the study group treated with Sucralfate Cream was 18.8 days compared with 24.6 days with other topical agents. This difference is statistically significant with a *P* value of 0.00001. In the double blind study, also healing in the areas treated with Sucralfate was more rapid than those treated with bland placebo ointment. The difference in the two rates of healing was statistically significant with a *P* value of 0.00067. Histopathological studies were also carried out in 10 patients of phase I of the trial. Sucralfate Cream promotes rapid epithelialisation of second degree burns with minimal side effects and offers another topical agent in the burn care specialist's armamentarium. © 2001 Elsevier Science Ltd and ISBI. All rights reserved.

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ORIGINAL ARTICLE

Sucralfate gel as a radioprotector against radiation induced dermatitis in

a hypo-

fractionated schedule: a non-randomized study

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Abstract

External beam radiotherapy with high doses provokes many acute skin reactions, such as erythema and moist desquamation. Many topical preparations are used in radiation oncology departments in the skin care. Sucralfate humid gel, a colloidal physical form of the anti-ulcer drug sucralfate, promotes epithelial regeneration and activates cell proliferation. Based on this knowledge, we performed a non-randomized clinical trial to evaluate the efficacy of topical sucralfate gel in 30 breast cancer patients receiving postoperative accelerated hypofractionated photon beam therapy. The comparison was performed with 30 patients as historical controls. The acute reaction of the skin was significantly lower in the group receiving the sucralfate gel ($p < 0.05$, Mann Whitney test), while 90% of the patients had no evidence of radiation induced skin toxicity. There was no sucralfate gel related toxicity reported by any patient in this study. More patients in a randomized way are needed for more definite results. Hippokratia 2013, 17, 2: 126-129
