





EXTRACORPOREAL SHOCK WAVE THERAPY IN A "WOUND CARE SERVICE"

Dott.ssa Maria Elena Abati, Dott.ssa M. Cristina D'Agostino (*)

Humanitas Gavazzeni (Bergamo); ^(*)Humanitas Research Hospital and Humanitas University, Milan (Italy).



Extracorporeal Shock wave therapy (ESWT) is a regenerative biophysical therapy, that has been widely used in orthopaedic rehabilitation medicine for decades. A growing number of clinical studies demonstrate that ESWT, as "defocused" form (dESWT) treatment, is a feasible non-invasive method for improving chronic

wound healing. Shockwave energy increases angiogenesis and growth factors production, by modulating inflammation within the wound bed and the surrounding tissues. Additionally, increase in metabolic rate and initiation of cell proliferation and differentiation have been documented. Defocused shock wave has been used in our hospital's wound care clinic for 6 years. Once we have made a thorough diagnosis, we treat flat or cavitary ulcers that don't respond to modern outpatient clinic treatments (bandaging, advanced treatment, vacuum device therapy, antibiotic



treatments, etc).

We are using a Storz Duolith device with unfocused waves

DESCRIPTIVE STUDY: length of study 6 years

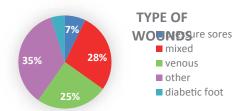
Subjects: 222 patients (male and female subjects), with various types of lesions (venous, mixed, pressure, diabetic).

Treatment: 1 dESWT treatment/week; for a total number of 350 + 100 pulses/ cm² for every session.

Energy level was differentiated according to the characteristics of the wound (this is a novelty in this field):

- 0.33 0.56 mJ/mmq for deep wounds with slough
- 0.25 0.33 mJ/mmq for superficial wounds, with Slough
- 0.08 mJ/mmq for superficial wounds without inflammation
- 0.05 0.08 mJ/mmg for superficial, inflammed and painful wounds.

Wound preparation was with polyurethane film; Inert dressing after treatment with antibacterial antiseptic (Cutimed ®).





CLINICAL CASE

As a clinical example, we propose the case of a 62-year-old male, affected by an ulcer on the middle third of his right leg (10 x 9 cm) for about 6 months. Medical history: hypertension and diabetes mellitus. He never underwent planned surgery.



time of healing: 47 days

Treatment: total of 12 ESWT sessions (Storz Duolith, defocused source), weekly applications.

Result: the subject was pain-free already after 4 ESWT treatments. There was no hospitalization and no change of everyday life. We used only oral antibiotic treatment . TIME OF HEALING : 47 DAYS

CONCLUSIONS: ESWT can be considered an effective regenerative therapy in wound care.

The advantages are noteworthy. Treatments are . The process is quick. It is simple to use with trained staff and provides pain relief. Shock wave apparatuses have orthopaedic, sport, and aesthetic medicine applications.

REFERENCES:

Sukubo NG, Tibalt E, Respizzi S, Locati M, d'Agostino MC. Effect of shock waves on macrophages: A possible role in tissue regeneration and remodeling. Int J Surg. 2015;24(Pt B):124–130.

Wang CJ, Cheng JH, Kuo YR, Schaden W, Mittermayr R. Extracorporeal shockwave therapy in diabetic foot ulcers. Int J Surg. 2015;24(Pt B):207–

Weihs AM, Fuchs C, Teuschl AH, et al. Shock wave treatment enhances cell proliferation and improves wound healing by ATP release-coupled extracellular signal-regulated kinase (ERK) activation. J Biol Chem. 2014;289(39):27090–27104.