L-Mesitran®  

Case Study: C100

Ulcus Cruris

A 76 year old otherwise healthy male suffered from an Ulcus Cruris on both legs due to an injury, which occurred by stepping on a land mine just after the Second World War on 12/04/1946 (when he was only 12 years old). Once and a while the wounds tend to open again and previously it took 3(!) years for the wounds to heal again. This time his right leg has been open again for a year and a half. Since the wounds occur regularly, the patient has been treated with a number of other products: ointment gauze, silver dressings, hydrocolloids, ointment composed of: Ichthyol-Extr Hamamelidis Cort Flui-Titanium Dioxydatum-Aqua Purificata Plus Zusch-Pasta Zinci-Encerinum Anhydricum, Silvercreme and propolis solved in alcohol. It was remarkable that wound healing stagnated during previous treatments. Even the treatment with Manuka honey MGO 550+ had no positive effect; wound healing stagnated during this treatment too. The patient now decided to use L-Mesitran ointment as a last resort.

**Product:** L-Mesitran Ointment & Soft

**Case Study done by:** Mr. L. Ott, Munich, Germany

**Method & Observations**

On February 16, 2010 the treatment started. At the start of the treatment the wounds had the following dimensions: #1: 2.5x2.4x0.1cm, #2: 5.0x3.0x0.5cm, #3: 3.0x2.4x0.5cm (pic. 1). There was no noticeable infection. The patient decided initially to only treat the second wound with L-Mesitran ointment in order to be able to keep track of progression. Wound 1 and 3 were treated with Braunovidon compresses.

Since treatment with L-Mesitran of the wound #2 started, the wound showed less exudates without pus. The wound didn’t itch or burn. The patient experienced no adverse and/or allergic reactions.

The dressings were changed every 12 hours. The patient experienced the ointment to be neutral and effective. Since the wound healing of the second wound was making such good progress, the patient decided after 1.5 months to also treat the first and the third wound with L-Mesitran. Those wounds had shown little to no progress.

On 13/04/10 the patient noticed that there was good progress in wound healing.

On 06/05/2010 the patient experienced that both L-Mesitran ointment and Soft are effective. The first wound was almost closed; the second wound was making progress and the third wound was very deep. The slough was treated with Fucidine ointment as recommended by the patient’s dermatologist.

On 30/05/2010 the first wound was healed; the second wound was almost closed and the third wound was making good progress (pic. 6). The scarring on the left leg was treated with L-Mesitran Soft; the scarring tissue had become very flexible and smooth. On 09/09/2010 the wounds were completely healed (pic. 7) and the patient was very exited to be able to swim again. The patient still treats the scar tissue with L-Mesitran Soft for its nutritional and softening properties. The patient hasn’t used any other medication during the treatment.

**Discussion**

In Germany, leg ulcers are associated with high direct and indirect costs. Major cost factors are inpatient costs, outpatient care and non drug treatments. Research also shows that the quality of life (QoL) is strikingly reduced in most patients (Purwins, 2010). In this case the recurrent ulcers had a great influence on the QoL of the patient, demobilizing the patient immensely. Previous wounds needed 1.5 year to heal the left leg and 2.5 years to heal the right leg. It took less than 7 months with the honey ointment to heal the wounds. The patient still uses L-Mesitran Soft twice a day to avoid the occurrence of new skin tears.

**References**