ABSTRACT BOOK ABSTRACTS



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WOUND HEALING

A PROSPECTIVE CASE CONTROL STUDY: 0.1% TIMOLOL GEL IN HEALING SPLIT-THICKNESS SKIN GRAFTS DONOR SITES

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Background: Split-thickness skin grafting is one of the most commonly performed procedures in plastic and dermo-oncological surgery. International literature is currently controversal about use of topical beta-blockers in wound healing and management of the split-thickness skin graft (STSG) donor sites.

Objective: The aim of this study update was to assess the efficacy and safety of topical timolol in promoting wound healing. We designed a prospective case control study to evaluate the effects of 0.1% timolol gel in STSG donor sites healing when compared to paraffin gauze.

Materials and methods: We prospectively looked at 48 patients treated with STSG for burns, skin cancer and traumas at our Unit. Twenty patients (case group) were treated with daily dressings containing 0.1% timolol gel and paraffin gauzes, while 12 patients were treated every 3 days with paraffin gauzes. Healing time, infection rate and patient's pain perception were assessed by a blinded physician. Costs were also evaluated. Vancouver Scar Scale (VSS) and patient satisfaction visual analogue scale (VAS) were recorded at 6 months follow up.

Results: A statistically significant improvement in healing time was found in timolol group. The infection rate was the same in each group (no infection). Decreased pain perception was observed in the case group. Total cost of the treatment was significantly higher in the case group. At 6 months follow up VSS and patient satisfaction VAS were significantly better in case group.

Conclusions: The international literature is currently controversial about management of STSG donor site wounds. According to our results 0.1% timolol gel dressings may represent a safe, painless and moderately expensive treatment to improve skin graft donor site healing. Further case-control randomized studies are needed to improve the safety of this approach.





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