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**Search details**

Maggot debridement therapy with a bacteria connection e.g. maggot debridement used in wound infection / colonisation (mrsa, e.coli or serratia)

**Resources searched**

("maggot debridement therapy" OR MDT OR "maggot therapy" OR "larva* therapy" OR biodebridement OR biosurgery OR biotherapy) AND ("wound infection*" OR "wound management" OR wound* OR colonis* OR coloniz* OR "methicillin-resistant staphylococcus aureus" OR MRSA OR "Escherichia coli" OR e.coli OR serratia OR bacteria*)

**Database search terms :**

**Google search string :**

**Summary**

**Guidelines**

**Evidence-based reviews**

**Published research**
1. **A review of maggot debridement therapy to treat chronic wounds.**

   **Author(s):** Hall S

   **Citation:** British Journal of Nursing, August 2010, vol./is. 19/15(S26, S28-31), 0966-0461;0966-0461 (2010 Aug 12-Sep 8)

   **Publication Date:** August 2010

   **Abstract:** This literature review aims to clarify whether using maggot debridement therapy (MDT) for the removal of devitalized and infected tissue in chronic wounds is a valuable tool for healing. To undertake a literature review, the British Nursing Index, Ovid-Medline and the CINAHL databases were searched from January 1960 to June 2010 using the following terms: maggot debridement therapy, chronic wounds, granulation, infection, and cost-effective. The evidence suggests that MDT is more effective than other methods of debridement for wound bed preparation, although it has not been proven to eliminate problems associated with recurrent infections. This therapy has also not been proven to accelerate the healing process; however, more research needs to be undertaken into this and the cost-effectiveness of treatment.

   **Source:** MEDLINE

   **Full Text:**

   Available in fulltext at [EBSCO Host](https://www.ebscohost.com)

   Available in print at Grantham Hospital Staff Library

   Available in print at Lincoln County Hospital Professional Library

   Available in print at Pilgrim Hospital Staff Library

10. **Therapeutic applications of the larvae for wound debridement.**

    **Author(s):** Turkmen A, Graham K, McGrouther DA

    **Citation:** Journal of Plastic, Reconstructive & Aesthetic Surgery: JPRAS, January 2010, vol./is. 63/1(184-8), 1748-6815;1878-0539 (2010 Jan)

    **Publication Date:** January 2010

    **Abstract:** It has been known for centuries that application of larvae is useful to heal certain wounds by facilitating debridement of necrotic tissue. Their therapeutic use was popularised in the beginning of the 19th century, but waned in the 1940s with the advent of antiseptic wound management and antibiotics. In more recent years, larvae are once again in vogue for management of difficult wounds. The mechanism of wound debridement by larvae includes the complete wound by continuous larval motion, secretion of proteolytic enzymes and antibacterial substances, effects on epidermal growth factor and interleukin-6 (IL-6) and ingestion and digestion of bacteria and necrotic tissue. In our study, wound debridement was achieved satisfactorily in 29 of 34 patients (85%) with chronic wounds. In the remaining five patients, failures occurred due to inadequate sealing in two patients (6%), death of larvae in two patients (6%) and treatment intolerance in one patient (3%). Larval therapy should be considered as a therapeutic option in the management of certain difficult wounds. Copyright
2. **Maggot therapy takes us back to the future of wound care: new and improved maggot therapy for the 21st century.**

**Author(s):** Sherman RA

**Citation:** Journal of Diabetes Science & Technology, March 2009, vol./is. 3/2(336-44), 1932-2968;1932-2968 (2009 Mar)

**Publication Date:** March 2009

**Abstract:** In the 21st century, eighty years after William Baer presented his groundbreaking work treating bone and soft tissue infections with live maggots, thousands of therapists around the globe have rediscovered the benefits of maggot therapy. The renaissance in maggot therapy is due in large part to recent technological advancements that have solved or minimized many of the treatment's earlier drawbacks: the need for reliable access to this perishable medical device, simplified application, and low-cost production. Modern dressing materials have simplified the procedure and minimized the risk of escaping maggots. The establishment of dozens of laboratories throughout the world, along with access to overnight courier services in many regions, has made medicinal maggots readily available to millions of people in need. Studies show that fears of patient nonacceptance are unfounded. The medical literature is rapidly growing with scientific evidence demonstrating the efficacy and safety of maggot therapy for a variety of problematic wounds. This article examines how these and other technologies are optimizing the study and application of maggot therapy for wound care. (c) 2009 Diabetes Technology Society.

**Source:** MEDLINE

**Full Text:**

Available in fulltext at [National Library of Medicine](https://www.nlm.nih.gov)

3. **Larval therapy as a palliative treatment for severe arteriosclerotic gangrene on the feet.**

**Author(s):** Nordstrom A, Hansson C, Karlstrom L

**Citation:** Clinical & Experimental Dermatology, December 2009, vol./is. 34/8(e683-5), 0307-6938;1365-2230 (2009 Dec)

**Publication Date:** December 2009

**Abstract:** Larval therapy (LT) is known to be a gentle and effective method for removing necrotic tissue and bacteria and reducing the accompanying unpleasant odour. Ischaemia has been considered a relative contraindication for LT. We report a patient with ischaemia treated with LT. Inguinal revascularization was performed on a 69-year-old man with critical limb ischaemia, diabetes mellitus, heart failure and end-stage renal disease. Areas of dry black malodorous gangrene remained on the distal areas of the feet after surgery and the patient's poor health did not allow any additional surgery. The patient was referred to the dermatology department for LT. Although patients are usually given this treatment as
inpatients, the patient requested treatment at home. After the first LT, there was a marked reduction in odour. The gangrene needed repeated applications of larvae to remove the dead tissue. After eight treatments, the result was more positive than we had expected, with total lack of odour and initiation of healing. Larvae cannot penetrate eschar, thus free-range larvae were used because they can move beneath the hard necrotic tissue and dissolve it.

Source: MEDLINE

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15. VenUS II: a randomised controlled trial of larval therapy in the management of leg ulcers.


Citation: Health Technology Assessment (Winchester, England), November 2009, vol./is. 13/55(1-182, iii-iv), 1366-5278;1366-5278 (2009 Nov)

Publication Date: November 2009

Abstract: OBJECTIVES: To compare the clinical effectiveness and cost-effectiveness of larval therapy with a standard debridement technique (hydrogel). DESIGN: A pragmatic, three-arm, randomised controlled trial with an economic evaluation. SETTING: Community nursing services, community leg ulcer clinics and hospital outpatient leg ulcer clinics. A range of urban and rural settings. PARTICIPANTS: Patients with venous or mixed venous/arterial ulcers (minimum ankle brachial pressure index of 0.6) where a minimum of 25% of ulcer area was covered by slough and/or necrotic material. INTERVENTIONS: Loose larval therapy and bagged larval therapy compared with hydrogel. MAIN OUTCOME MEASURES: The primary end point was complete healing of the largest eligible ulcer. The primary outcome was time to complete healing of the reference ulcer. Secondary outcomes were: time to debridement, cost of treatments, health-related quality of life (including ulcer-related pain), bacterial load, presence of meticillin-resistant Staphylococcus aureus and staff and patient attitudes to and beliefs about larval therapy. RESULTS: Between July 2004 and May 2007 the trial recruited 267 people aged 20-94 years at trial entry. There were more female (n = 158) than male (n = 109) participants and most ulcers were classified by the nurse as having an area greater than 5 cm(2). The time to healing for the three treatment arms was compared using the log rank test. The difference in time to healing in the three treatments was not statistically significant at the 5% level. Adjustment was then made for stratification and prespecified prognostic factors (centre, baseline ulcer area, ulcer duration and type of ulcer) using a Cox proportional hazards model. No difference was found in healing rates between the loose and bagged larvae groups. Results for larvae (loose and bagged pooled) compared with hydrogel showed no evidence of a difference in time to healing. When the same analytical steps were used to investigate time to debridement, larvae-treated ulcers debrided significantly more rapidly than hydrogel-treated ulcers; however, the difference in time to debridement between loose and bagged larvae was not significant. The adjusted analysis reported the hazard of debriding at any time for those in
loose and bagged larvae groups as approximately twice that of the hydrogel group. No differences in health-related quality of life or bacteriology were observed between trial arms. Larval therapy was associated with significantly more ulcer-related pain than hydrogel. Our base-case economic evaluation showed large decision uncertainty associated with the cost-effectiveness of larval therapy compared with hydrogel, suggesting that larval therapy and hydrogel therapy have similar costs and effects in the treatment of sloughy and/or necrotic leg ulcers.

CONCLUSIONS: Larval therapy significantly reduced the time to debridement of sloughy and/or necrotic, chronic venous and mixed venous/arterial leg ulcers, compared with hydrogel; however, larval therapy did not significantly increase the rate of healing of the ulcers. It was impossible to distinguish between larval therapy and hydrogel in terms of cost-effectiveness. Future research should investigate the association of debridement and healing and the value of debridement as a clinical outcome for patients and clinicians. To inform decision-makers' selection of debriding agents where debridement is the treatment goal, decision analytic modelling of all alternative debridement treatments is required.

TRIAL REGISTRATION: Current Controlled Trials ISRCTN55114812.

Source: MEDLINE


Author(s): Soares MO, Iglesias CP, Bland JM, Cullum N, Dumville JC, Nelson EA, Torgerson DJ, Worthy G, VenUS II team

Citation: BMJ, 2009, vol./is. 338/(b825), 0959-535X;1468-5833 (2009)

Publication Date: 2009

Abstract: OBJECTIVE: To assess the cost effectiveness of larval therapy compared with hydrogel in the management of leg ulcers. DESIGN: Cost effectiveness and cost utility analyses carried out alongside a pragmatic multicentre, randomised, open trial with equal randomisation. Population Intention to treat population comprising 267 patients with a venous or mixed venous and arterial ulcers with at least 25% coverage of slough or necrotic tissue. INTERVENTIONS: Patients were randomly allocated to debridement with bagged larvae, loose larvae, or hydrogel. MAIN OUTCOME MEASURE: The time horizon was 12 months and costs were estimated from the UK National Health Service perspective. Cost effectiveness outcomes are expressed in terms of incremental costs per ulcer-free day (cost effectiveness analysis) and incremental costs per quality adjusted life years (cost utility analysis). RESULTS: The larvae arms were pooled for the main analysis. Treatment with larval therapy cost, on average, pound96.70 (euro109.61; $140.57) more per participant per year (95% confidence interval - pound491.9 to pound685.8) than treatment with hydrogel. Participants treated with larval therapy healed, on average, 2.42 days before those in the hydrogel arm (95% confidence interval -0.95 to 31.91 days) and had a slightly better health related quality of life, as the annual difference in QALYs was 0.011 (95% confidence interval -0.067 to 0.071). However, none of these differences was statistically significant. The incremental cost effectiveness ratio for the base case analysis was estimated at pound8826 per QALY gained and pound40 per ulcer-free day. Considerable uncertainty surrounds the outcome estimates. CONCLUSIONS: Debridement of sloughy or necrotic leg ulcers with larval therapy is likely to produce similar health benefits and have similar costs to treatment with hydrogel. TRIAL REGISTRATION: Current Controlled Trials ISRCTN55114812.
Controlled Trials ISRCTN55114812 and National Research Register N0484123692.

Source: MEDLINE

Full Text:
Available in fulltext at Ovid
Available in fulltext at Highwire Press


Author(s): Paul AG, Ahmad NW, Lee HL, Ariff AM, Saranum M, Naicker AS, Osman Z

Citation: International Wound Journal, February 2009, vol./is. 6/1(39-46), 1742-4801;1742-481X (2009 Feb)

Publication Date: February 2009

Abstract: This is a prospective case-control study of more than 18 months performed to assess the effectiveness of maggot debridement therapy (MDT) with the sterile larvae of Lucilia cuprina (a tropical blowfly maggot) for the treatment of diabetic foot ulcers. Literature thus far has only reported results with the temperate maggot, Lucilia sericata. This study documents outcome in diabetic foot wounds treated with maggot debridement versus those treated by conventional debridement alone. In this series of 29 patients treated with MDT, 14 wounds were healed, 11 were unhealed and 4 were classified under others. The control group treated by conventional debridement had 30 patients of which 18 wounds were healed, 11 unhealed and 1 classified under others. There was no significant difference in outcome between the two groups. The conclusion that can be made from this study is that MDT with L. cuprina is as effective as conventional debridement in the treatment of diabetic foot ulcers. It would be a feasible alternative to those at high risk for surgery or for those who refuse surgery.

Source: MEDLINE

38. Is larval (maggot) debridement effective for removal of necrotic tissue from chronic wounds?

Author(s): Gray M

Citation: Journal of Wound, Ostomy, & Continence Nursing, July 2008, vol./is. 35/4(378-84), 1071-5754;1528-3976 (2008 Jul-Aug)

Publication Date: July 2008

Abstract: BACKGROUND: Debridement is considered an essential component of wound bed preparation. Multiple techniques for removing necrotic tissue from wounds have been identified, but evidence concerning the efficacy and indications for each technique varies.OBJECTIVES: We sought to identify evidence related to the efficacy of maggot (larval) debridement for the removal of necrotic tissue and its impact on wound healing.SEARCH STRATEGY: A systematic review of electronic databases was undertaken using the following key words: (1) debridement, (2) maggot therapy, and (3) larval therapy. All prospective and retrospective studies
published between January 1960 and February 2008 that compared maggot (larval) debridement therapy for pressure ulcers, leg ulcers, or burn wounds to autolytic debridement or other debridement techniques were included in the review. 

RESULTS: The evidence base for the efficacy of maggot debridement therapy (MDT) in the management of necrotic wounds is sparse. There is insufficient evidence to conclude that MDT is as effective as or more effective than other debridement methods, or that MDT promotes wound healing. 

IMPLICATIONS FOR PRACTICE: Even though clinical evidence supporting the use of MDT for debridement of wounds is lacking, clinical experience strongly suggests that this technique is an effective and safe method of debridement for selected patients. Expert clinicians with extensive experience using this technique usually advocate MDT as a last resort treatment when conservative means for wound bed preparation prove unsuccessful or when surgery is not feasible owing to comorbid conditions or other considerations.

Source: MEDLINE

42. Maggot debridement therapy of infected ulcers: patient and wound factors influencing outcome - a study on 101 patients with 117 wounds.

Author(s): Steenvoorde P, Jacobi CE, Van Doorn L, Oskam J

Citation: Annals of the Royal College of Surgeons of England, September 2007, vol./is. 89/6(596-602), 0035-8843;1478-7083 (2007 Sep)

Publication Date: September 2007

Abstract: INTRODUCTION: It has been known for centuries that maggots are potent debriding agents capable of removing necrotic tissue and slough. In January 2004, the US Food and Drug Administration decided to regulate maggot debridement therapy (MDT). As it is still not clear which wounds are likely or unlikely to benefit from MDT, we performed a prospective study to gain more insight in patient and wound characteristics influencing outcome. PATIENTS AND METHODS: In the period between August 2002 and December 2005, patients with infected wounds with signs of gangrenous or necrotic tissue who seemed suited for MDT were enrolled in the present study. In total, 101 patients with 117 ulcers were treated. Most wounds were worst-case scenarios, in which maggot therapy was a treatment of last resort. RESULTS: In total, 72 patients (71%) were classified as ASA III or IV. In total, 78 of 116 wounds (67%) had a successful outcome. These wounds healed completely (n = 60), healed almost completely (n = 12) or were clean at least (n = 6) at last follow-up. These results seem to be in line with those in the literature. All wounds with a traumatic origin (n = 24) healed completely. All wounds with septic arthritis (n = 13), however, failed to heal and led in half of these cases to a major amputation. According to a multivariate analysis, chronic limb ischaemia (odds ratio [OR], 7.5), the depth of the wound (OR, 14.0), and older age (>or= 60 years; OR, 7.3) negatively influenced outcome. Outcome was not influenced by gender, obesity, diabetes mellitus, smoking, ASA-classification, location of the wound, wound size or wound duration. CONCLUSIONS: Some patient characteristics (i.e. gender, obesity, smoking behaviour, presence of diabetes mellitus and ASA-classification at presentation) and some wound characteristics (i.e. location of the wound, wound duration and size) do not seem to contra-indicate eligibility for MDT. However, older patients and patients with chronic limb ischaemia or deep wounds are less likely to benefit from MDT. Septic
arthritis does not seem to be a good indication for MDT.

**Source:** MEDLINE

**Full Text:**

Available in fulltext at [Ovid](#)

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Available in print at Lincoln County Hospital Professional Library

45. **Clinical and microbiological efficacy of MDT in the treatment of diabetic foot ulcers.**

**Author(s):** Tantawi TI, Gohar YM, Kotb MM, Beshara FM, El-Naggar MM

**Citation:** Journal of Wound Care, October 2007, vol./is. 16/9(379-83), 0969-0700;0969-0700 (2007 Oct)

**Publication Date:** October 2007

**Abstract:** OBJECTIVE: To assess the clinical and microbiological efficacy of maggot debridement therapy (MDT) in the management of diabetic foot ulcers unresponsive to conventional treatment and surgical intervention. METHOD: Consecutive diabetic patients with foot wounds presenting at the vascular surgery unit and the diabetic foot unit of Alexandria Main University Hospital were selected for MDT. Lucilia sericata medicinal maggots were applied to the ulcers for three days per week. Changes in the percentage of necrotic tissue and ulcer surface area were recorded each week over the 12-week follow-up period. Semiquantitative swab technique was used to determine the bacterial load before and after MDT. RESULTS: The sample comprised 10 patients with 13 diabetic foot ulcers. The mean baseline ulcer surface area was 23.5cm² (range 1.3-63.1), and the mean percentage of necrotic tissue was 74.9% (range 29.9-100). Complete debridement was achieved in all ulcers in a mean of 1.9 weeks (range 1-4). Five ulcers (38.5%) were completely debrided with one three-day MDT cycle. The mean reduction in ulcer size was significant at 90.2%, and this occurred in a mean of 8.1 weeks (range 2-12). The mean weekly reduction in ulcer size was 16.1% (range 8.3-50). Full wound healing occurred in 11 ulcers (84.6%) within a mean of 7.3 weeks (range 2-10). The bacterial load of all ulcers reduced sharply after the first MDT cycle to below the 10⁵ threshold, which facilitates healing. CONCLUSION: The results highlight the potential benefits of MDT in diabetic wound care in developing countries. MDT was proved to be a rapid, simple and efficient method of treating these ulcers.

**Source:** MEDLINE

**Full Text:**

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46. **Maggot therapy for problematic wounds: uncommon and off-label applications.**

**Author(s):** Sherman RA, Shapiro CE, Yang RM
Citation: Advances in Skin & Wound Care, November 2007, vol./is. 20/11(602-10), 1527-7941;1527-7941 (2007 Nov)

Publication Date: November 2007

Abstract: OBJECTIVE: To identify off-label uses for maggot therapy that may be worthy of further clinical evaluation. DESIGN: Clinician surveys and invitations to submit unusual and off-label uses of maggot therapy. SETTING: All levels of inpatient, outpatient, extended care, and home care. PARTICIPANTS: More than 350 clinicians known to use maggot therapy were invited to participate in the survey. Twelve returned the survey. MAIN OUTCOME MEASURE: Indications for maggot therapy other than simple debridement of wounds listed on product labeling. RESULTS: A total of 544 wounds were treated by the 12 respondents; 131 (24%) were rare or off-label applications, including stimulation of epithelialization in clean but nonhealing wounds; disinfection, odor, and drainage control; determination of tissue viability; debridement of acute burns, necrotic tumors, and ischemic ulcers; and debridement of unusual sites (ie, glans penis, joints, pleural space, and peritoneal cavity). Noted drawbacks included the time and effort needed to train personnel and convince administrators of the need for treatment. CONCLUSION: Medicinal maggots are frequently being used as an adjunct to other methods of surgical and nonsurgical wound care and often for off-label indications, including debridement, disinfection, and stimulation of healing. Further study is warranted to evaluate the efficacy and safety of maggot therapy for these indications, and better education is needed for administrative and clinical staff to make maggot treatment more accessible.

Source: MEDLINE

4. 47. Maggot debridement therapy in chronic wound care.

Author(s): Chan DC, Fong DH, Leung JY, Patil NG, Leung GK

Citation: Hong Kong Medical Journal, October 2007, vol./is. 13/5(382-6), 1024-2708;1024-2708 (2007 Oct)

Publication Date: October 2007

Abstract: OBJECTIVE: To review the current evidence on the mechanism of actions and clinical applications of maggot debridement therapy. DATA SOURCES: Literature search of PubMed and Medline was performed up to January 2007. STUDY SELECTION: Original and major review articles related to maggot debridement therapy were reviewed. Key words used in the literature search were 'maggot debridement therapy', 'wound healing', and 'chronic wound management'. DATA EXTRACTION: All relevant English and Chinese articles. DATA SYNTHESIS: The mechanism of such maggot therapy was shown to be due to the debridement, disinfection, and wound healing enhancement actions of maggot excretions/secretions. The efficacy of maggot debridement therapy in chronic wound management has been demonstrated in chronic venous ulcers, pressure ulcers, and diabetic ulcers. There is also a new delivery system for the excretions/secretions, which has been shown to be as effective as using live maggots. CONCLUSIONS: Maggot debridement therapy has been shown to be a safe and effective means of chronic wound management. However, there are a number of limitations when considering its local applicability. Future development of the delivery system may help to overcome some of these limitations and improve its acceptability.
5. 48. Maggot debridement therapy in the palliative setting.

Author(s): Steenvoorde P, van Doorn LP, Jacobi CE, Oskam J

Citation: American Journal of Hospice & Palliative Medicine, August 2007, vol./is. 24/4(308-10), 1049-9091;1049-9091 (2007 Aug-Sep)

Publication Date: August 2007

Abstract: Success rates of Maggot Debridement Therapy (MDT) differ, but range from 70% to 80%. In this article it is argued that wound closure is not always feasible and is not always the aim of the treatment. A patient is described in whom the intent of MDT was not wound closure, but infection removal, reduction of odor, and eventually prevention of a below knee amputation. This succeeded: the pain was diminished, the odor reduced, and the wound showed signs of healing. Still the patient died. In maggot literature, as with other wound treatments, outcome is recorded as closed or as failed. In our opinion, MDT has other indications besides wound closure.

Source: MEDLINE

54. Larval therapy in wound management: a review.

Author(s): Parnes A, Lagan KM

Citation: International Journal of Clinical Practice, March 2007, vol./is. 61/3(488-93), 1368-5031;1368-5031 (2007 Mar)

Publication Date: March 2007

Abstract: Debridement is an essential component of wound care as the presence of devitalised tissue can impede the healing process. Larval therapy has been used for the debridement of wounds for several hundred years. A plethora of literature is available on larval therapy, but many authors acknowledge the paucity of large-scale clinical trials supporting its effectiveness. While the exact mechanism of larval therapy remains unknown, it encompasses three processes: debridement, disinfection and promotion of healing. This literature review discusses the applications, benefits and disadvantages of larval therapy as well as the processes involved. The literature reviewed suggests that further comprehensive research into the mechanisms involved in larval therapy is required to ensure that it may be used to best medical advantage.

Source: MEDLINE


Author(s): Bowling FL, Salgami EV, Boulton AJ
1. 58. Maggot debridement therapy.

Author(s): Cambal M, Labas P, Kozanek M, Takac P, Krumpalova Z

Citation: Bratislavské Lekarske Listy, 2006, vol./is. 107/11-12(442-4), 0006-9248;0006-9248 (2006)

Publication Date: 2006

Abstract: AIM: To establish a maggot debridement therapy unit and assess efficacy of this method in chronic conservative non-treatable leg ulcers in patient in whom conventional therapy failed. MATERIAL AND METHODS: From August 2004 to December 2005 we treated with Maggot debridement therapy (MDT) 10 patients, 6 men and 4 women, with 13 leg ulcers treated first with conventional and then with maggot therapy. Average age of these patients was 55 years, 11 wounds were of venous and 2 of arterial origin. 7 patients had diabetes mellitus. RESULTS: 1 patient with arterial ulcers underwent supracondylar amputation, 2 patients were re-admitted for recurrent ulcers, one extremely obese patient with cardiovascular co-morbidity did not heal, but all other ulcers have been healed, cleared or minimised during 4-8 week MDT. We observed massive growth of granulation tissue and microbiological cleaning of these wounds. No adverse effects were observed. CONCLUSION: Maggot therapy was more effective and efficient in debriding non-healing leg ulcers than a conservative treatment (Fig. 3, Ref. 6).

Source: MEDLINE