Clinical Experience with MEBO in Treating Ulcers Caused by Injection of Addictive Drugs

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[Abstract] One hundred and thirteen soft tissue ulcers, scattered in fingers and toes, caused by injection of addictive drugs in 36 patients from the Institute for Abstinence (Dali, Yunnan Province) were treated in our hospital from March 1996. They were divided into two groups. Patients in group A were treated with MEBO, while those in group B were treated with conventional effective treatment. Comparison between the results of the two groups revealed that patients in MEBO group had an average hospital stay 8.81 days shorter than those in conventional treatment group. MEBO treatment was simple and easy and the cost was reduced. No functional obstacle happened.

[Key words] MEBO; Ulcers in finger and toe; Injection of addictive drug;

First: Objects

We often accept patients with soft tissue ulcer caused by all kinds of reasons in the long treatment practices. Ulcer is common for those who lie up over a long period of time and can’t take care of themselves or for those in poor nursing, sanitation and nutrition conditions. The commonly occurring region is the pressed catapophysis at the sacral stern, pars iliaca, heelstick and occiput, which has been commonly recognized in clinic. In recent years, injection of addictive drug develops very fast in Yunnan region. The patients inject additive drug by themselves or one another repeatedly over a long period of time. The diluents have different kinds of origins without sanitization or without strict sanitization. All these cause soft tissue ulcer occurring in multi-areas especially in the lateral part of fingers and toes. The ulcers are deep and the surrounding condition is poor. These cases promote the difficulty in clinical treatment when compared with the conventional bedsore ulcers because of nutrition condition, economy and society, family factors. The course of disease is prolonged and local skin flap or musculocutaneous skin flap transplantation is difficult. The function and figure of the patient’s finger after recovery are not ideal. We obtained a good curative effect when using MEBO (Moist Exposed Burn Ointment) treating ulcers caused by injection of additive drugs. The method and conclusion are as follows.

Second: Drugs and Research Method

1. Drugs: MEBO (20 grams each tube) was produced by Beijing GuangMing Chinese Medicine Institute for Burns Wounds and Surface Ulcers. Any external-use medicines that may interfere the recovery of burn wound such as Antiphlogistin, Diphenhydramine cream and Adrenal Gland Cortex Incretion are forbidden in order to
strengthen the persuasion of the research. The basic treatment of the two groups is nearly the same.

2. One hundred and thirteen cases of patients were divided into group A and B according to the time the patients entering the hospital. The general data were shown in Table (1).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Numbers of Ulcer</th>
<th>Average Diameter of Ulcer (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td>&lt;20</td>
<td>20-60</td>
</tr>
<tr>
<td>39</td>
<td>17</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>3</td>
<td>47</td>
</tr>
</tbody>
</table>

3. Method of Treatment:

Group A: The burn wound was rinsed several times a day and the surface was covered with MEBO and the wound dressing was changed 3~4 times a day. The thickness of MEBO layer was about 2 mm and the wound was bandaged. After about 14 days, the burn wound was debrided or skin transplantation was applied according to the recovery condition until the burn wound was closed up.

Group B: Traditional therapeutics. The burn wound was rinsed and the wound dressing was changed routinely and physical therapy was applied to accelerate the growth of granulation. After about 14 days, the focus was removed or skin flap transposition, musculocutaneous flap transposition or dermepenthesis was performed until the burn surface was closed up.

If systematic symptoms such as fever and infection occurred in any group, sensitive antibiotic in combination with support treatment could be supplied to the patients.

Third: Conclusions

The research result showed that: For Group A (MEBO Group), the local nutrition of the patient was strengthened and the granulation tissue grew very fast. The local anti-infection function was promoted. Most of the ulcers can heal beneath the crusta. Some patients needed skin transplantation in order to close up the burn wound in MEBO group. It was a simple operation and the cost of it was low and also relieved the pain of the sick than conventional treatment. There would be fewer chances for patients to have plastic surgery. Its clinical and practical value was broad and credible especially for the grass roots medical units. The difference between the two groups was significant with P<0.05. The statistical data were listed in table (2).
Table (2) Conclusion of the wound closure way of the ulcer surface in the two groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Muscle flap transposition</th>
<th>Skin flap transposition</th>
<th>Pure skin transplantation</th>
<th>Self-healed beneath crusta</th>
<th>Average time of hospital stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3</td>
<td>12</td>
<td>33</td>
<td>50</td>
<td>25.4</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>27</td>
<td>59</td>
<td>9</td>
<td>34.21</td>
</tr>
</tbody>
</table>

Fourth: Conclusion

The number of patients with ulcer caused by injection of additive drugs is increasing in Yunnan region especially in faraway mountainous area. Most of them are young or middle-aged persons. These patients have special society and economy status and can’t obtain timely and normal treatment after falling ill. Ulcers in main trunk of the body caused by injection of additive drugs are seldom. The injection part in this research is at the vein of the finger and toe. So ulcers in this research are scattering. It is not only ulceration or necrosis of the skin and soft tissues. The low immunity of the patients and the local blood circulation obstacle and infection aggravate local innutrition. Using anti-infection only and the traditional change of wound dressing therapy will cost time and money and will increase the operational difficulty. In order to shorten hospital stay and decrease the expense, local microcirculation at the burn wound must be promoted to increase the local tissue immunity and this will supply fine condition for operation or closing up the wound. Through the clinical experience in this research, MEBO has the above functions and can promote the growth of new tissues and retrieve vitality with slough tissues discharged. It has anti-infection functions and will shorten the course of disease and supply fine condition for operation. It has bright application future in local district and the institutes for abstinence.

Reference


