Background

Partial thickness wounds such as perineal excoriations, skin tears, abrasions, skin breakdown due to antibiotic associated diarrhea and stage II pressure ulcerations are major problem in the long term care setting. Prompt treatment is necessary to minimize complications that result from wound progression or infection. Bismuth Subgallate/Borneol (Suile™) is approved for marketing by the FDA for partial thickness wounds, 1st and 2nd degree burns, donor sites and abrasions. Our clinicians have found Suile™ to be an ideal topical treatment in skilled nursing facilities because it is effective on a large percentage of the wounds encountered in this setting.

Clinical Approach

We present a series of ten patients residing at skilled nursing facilities who suffered from a variety of wounds ranging from perineal excoriation to skin tears, skin breakdown from an enterocutaneous fistula and stage II pressure ulcerations. All of the patients received Suile™ administered once or twice daily.

Results

In all of the patients, the ulcers went on to healing without infection or worsening in stage or severity. The ointment was well tolerated and there were no adverse events related to Suile™

Discussion

Suile™ acts through several mechanisms: local vasodilatation through the action of Gallic acid—a by product of the break down of Bismuth subgallate, reduced inflammation resulting from Borneol, antimicrobial action of Bismuth and skin protection by the petroleum base. This series of cases suggests that Suile™ may be a valuable tool in the treatment of partial thickness wounds commonly encountered in the long term care setting.