**Background**

Bismuth subgallate/Borneol, Suile™, has been shown to be superior to Bacitracin in the human forearm biopsy model for acute wound healing. It subsequently demonstrated a trend toward more rapid healing when compared to a commonly used topical antimicrobial dressing. Anecdotal reports, mostly from Asia, suggest that, in addition to promoting healing, the use of Suile™ reduces scarring in acute and chronic wounds. In the United States, Suile™ is a device approved for marketing by the FDA for partial thickness wounds, 1st and 2nd degree burns, donor sites and abrasions. In our clinics Suile™ has also been shown to be effective in skin tears, the dermatitis secondary to antibiotic associated diarrhea and stage I and II pressure ulcers.

**Clinical Approach**

Twenty-two healthy volunteers who participated in a randomized blinded study comparing Suile to a topical antimicrobial (Acticoat 3®, Smith and Nephew, London, England) were photographed one year after healing of their forearm biopsy wounds. The high quality digital photographs were then evaluated by medical and non-medical reviewers using the Vancouver burn scale.

**Results**

There was significantly less hyperpigmentation in the Suile vs. non-Suile treated biopsies (p<0.05). There was no difference in pliability, height or vascularity between the two groups. There was also no difference in assessment between the medically trained and lay evaluators.

**Discussion**

The results suggest that Suile decreases the hyperpigmentation associated with scarring in acute wound healing. Moreover, the lack of difference in height and pliability assessments could have been the result of the difficulty in evaluating these parameters using photographs. In conclusion, Suile should be considered in the treatment of wounds and burns in which scarring and cosmoses are a concern.

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