Honey has been used for centuries to treat wounds. In present times clinicians have access to medical grade honey, MedIHoney®, that is sterilised for use and shown to have consistent antibacterial properties (Blair, 2000). This is an interesting case where MedIHoney® was the key to healing a very unusual type of wound.

Sam is 41 years old and in his words has always been ‘fit as a flea’ apart from the odd few childhood maladies. Sam believes he contracted his condition in 2006 while cleaning out an ornamental fish pond which was green and full of dead Koi carp. While completing this task he was grazed by a Koi carp between his finger and thumb. 10-14 days later red bumps appeared on his right arm and they opened into wounds. The doctors were all at a loss regarding his condition. He was deteriorating fast as his arms and legs were going rapidly black and necrotic. He ended up in the Liverpool School of Tropical Medicine and was there for quite some time and very, very ill. There was discussion of amputation of the affected limbs.

Fortunately, a doctor came in on rotation from New Zealand. They diagnosed Sam with an infection called Mycobacterium marinum which is carried by infected fish. It causes Tuberculosis in fish but can cause necrotic wounds in humans. He was given intravenous Doxycycline briefly which made him feel worse and due to an allergic reaction to the drug it was discontinued. Wound care was inconsistent. The necrotic tissue was surgically debrided. Eventually, he was discharged to home to care for his wounds.

He worked with several local dermatologists who tried different dressings. They seemed to have a different diagnosis every week. Another dermatologist thought it was Pyoderma gangrenosum and started Sam on Prednisalone and Neoral. Wound care was basic but consistent, nothing on the wound bed at all, just layers of dressings, then wool, then topped off with self-sticking bandage. The wounds were malodorous and challenging. During this time he contracted a rare form of blood cancer called hairy cell lymphoma. The hairy cell had migrated to his spleen and under normal circumstances that would mean a splenectomy. However, due to his skin being black and necrotic at any slight bump, he was not a surgical candidate.

At Sam’s very low point in January 2014, he was put onto a friend of a friend, a doctor in San Christobal, Venezuela. She looked at his whole history, diet, etc. and wound care. The doctor had used Derma Sciences’ products and directed Sam to do the same. He searched the internet and found the UK office of Derma Sciences. After researching the most appropriate dressing, Sam approached his GP and asked them to consider MedIHoney®. From then on Sam’s wounds were dressed with MedIHoney® by the district nurses twice weekly.

On commencement of treatment with MedIHoney® Sam’s left leg had an oval shaped wound measuring about 14cm x 4cm, with lots of necrotic tissue and very malodorous.

**METHODS**

MedIHoney® Apinate™ was initially used to treat the wounds due to higher levels of exudate in the early stages. This was then followed by MedIHoney® HCS dressings during the latter stages of healing. These dressings were applied to both areas along with the MedIHoney® Barrier Cream to the surrounding areas and this was done twice weekly.

**RESULTS**

The wound began to reduce in size and show signs of healing. On first presentation the leg wound was 100% necrotic. By 02/06/14 the wound measured 70mm x 70mm and was 10% sloughy, 70% granulating and 20% epithelialising. Improvement was dramatic and measurement on 26/8/14 was 9mm x 8mm and 100% dry granulation. Usually with his condition any mild trauma to skin results in a necrotic areas but he has found that if he applies the MedIHoney® Barrier Cream post knock or bang nothing comes to the surface.

**DISCUSSION AND CONCLUSION**

Sam says that MedIHoney® has changed his life “from smelling like an old fish and in serious pain.” He is now almost completely healed. Patients with challenging or baffling conditions often search for answers and solutions on their own. While the exact cause and nature of the wounds were indeterminate, MedIHoney® provided a safe, comforting healing environment.


This poster was first presented at Wounds UK Conference Harrogate 2014