### + Evidence in focus

Publication summary

## Smith-Nephew

# IODOSORB<sup>6</sup> Cadexomer Iodine supported better healing outcomes at 4 to 12 weeks compared with standard care in patients with venous leg ulcers (VLUs) in a Cochrane review

O'Meara S, Al-Kurdi D, Ologun Y, Ovington LG, Martyn-St James M, Richardson R. Antibiotics and antiseptics for venous leg ulcers. Cochrane Database Sys Rev. 2014;(1):CD003557.





#### Overview

- A systematic literature review of prospective randomised controlled trials (RCTs) that are either published or unpublished in any language, evaluating the effects of systemic or topical antibiotics in the treatments of VLUs
- Overall, 45 RCTs reporting 53 relevant treatment comparisons and involving 4,486 participants were included
  - Systemic antibiotics were compared in five RCTs (amikacin, amoxicillin, ciprofloxacin, co-trimoxazole, gentamicin, levamisole and trimethoprim) and topical preparations were evaluated in 40 RCTs (IODOSORB, povidone-iodine, peroxides, honey and silver, plus other topical antiseptics)
- Only results for the 962 participants involved in 11 RCTs of IODOSORB Cadexomer Iodine (12 comparisons) are reported in this summary
- IODOSORB Cadexomer lodine was used in combination with either compression, light retention, or support bandages and was compared with the following treatment options:
  - Standard care (seven RCTs)
  - Hydrocolloid dressing (one RCT)
  - Paraffin gauze dressing (one RCT)
  - Dextranomer (two RCTs)
  - Silver-impregnated dressing (one RCT)

#### Results

- Healing outcomes at 4 to 12 weeks were better with IODOSORB Cadexomer lodine than with standard care (four RCTs; Figure)
  No differences in healing outcomes were detected for the other treatment comparisons versus IODOSORB Cadexomer lodine
- · IODOSORB Cadexomer Iodine may help to decrease bacterial load compared with standard care in patients with infected VLUs at baseline (one RCT)
- Adverse events were reported in three RCTs and data were pooled for two RCTs
  - Adverse events occurred with both treatments (itching, eczema, rashes and pain), although they were more frequent with IODOSORB Cadexomer Iodine than with standard care (risk ratio (RR) 4.59; 95% confidence interval (CI) 1.40–15.05)



Figure. Forest plot of complete healing outcomes at 4 to 12 weeks with IODOSORB Cadexomer Iodine vs standard care

#### Conclusions

IODOSORB Cadexomer lodine supported better healing outcomes when compared with standard care, with comparable healing results to other dressings in complete healing outcomes. Notably, IODOSORB Cadexomer lodine was also the only topical preparation that demonstrated evidence to support its use in the treatment of VLUs.

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