

MAGGOT THERAPY IN A WOUND HEALING CENTRE

Gottrup Finn¹

¹ *Copenhagen Wound Healing Center, Dep. of Dermatology, Bispebjerg Hospital (Copenhagen, Denmark).*

Introduction: The maggots of *Lucilia sericata* provide effective debridement of many types of problem wounds. Maggot therapy provides a much more selective debridement than a surgeon, which is especially important in areas where exposed bone is critical (e.g. the heel area). Two modes of application are available, the free range and captured method⁽¹⁾. Both methods are effective, but in undermined cavity wounds free maggots may be preferred. Maggot therapy has also been suggested for treatment of biofilms in wounds, and it has been shown that maggot excretion/secretions breakdown biofilms of both Gram-positive and Gram-negative bacteria.

Methods: Maggot therapy has been found to be an important part of the treatment armamentarium in the Danish multidisciplinary centre functions in Copenhagen and Odense^(2,3). These centres consist of outpatient clinics and in-patient wards with beds only for patients with severe wounds of all ethnologies. The treatment strategy of the centres is based on both surgical and conservative therapy, but severe problem wounds, especially diabetic foot ulcers, will in most cases need a surgical intervention of a kind. In these situations maggot therapy may be indicated, because of the very selective removal of dead tissue as earlier mentioned.

Conclusion: Even though evidence on the highest level of the effect of maggot therapy is lacking, the clinical experience strongly suggests that this technique is an effective and safe method of debridement of wounds. Maggot treatment should be an integrated treatment modality of wound healing centres and teams.

References:

1. Gottrup F, Jørgensen B. Maggot Debridement: An alternative Method for Debridement. *Eplasty* 2011; 11: 290-302.
2. Gottrup F et al. A new Concept of a multidisciplinary Wound Healing Center and a national Expert Function of Wound Healing. *Arch Surg.* 2001;136:765-72.
3. Gottrup F. Management of the Diabetic Foot: Surgical and Organisational Aspects. *Horm Metab Res*, 2005;37, Supplement 1:69-75.