Introduction

- OPAL alkaliised fruit extract has been developed to treat chronic wounds of various aetiologies
- Patients with chronic non-healing wounds are at increased risk of serious complications such as sepsicaemia and osteomyelitis
- Case studies are presented of seven participants with chronic wounds that failed best practice treatments prior to application of OPAL products

Methods

- OPAL products are made by adding sodium bicarbonate to heated fruit pulp
- OPAL 001 products made from mixed fruit pulp and OPAL A products made from paw paw pulp were used as filtrate (100%) and cream formulation (30% w/w filtrate in aqueous cream base)
- The OPAL treatment regimen involved daily application of the undiluted filtrate directly into the wound and application of cream to the surrounding skin, prior to application of non-impregnated dressings
- Case reports were compiled from the clinical and photographic records of participants treated with OPAL products between 2007 and 2009

Case Studies

Six of seven participants experienced healing of chronic wounds previously resistant to best practice therapies. One participant failed to respond and underwent further surgical intervention. This was the only reported adverse finding during OPAL use.

Case 1

17 year old female, non-healing post-surgical pilonidal sinus wound
Aug 2007: initial excision chronic pilonidal sinus; in 12 months four plastic surgeries failed
25 Aug 2008: commenced daily treatment with OPAL A filtrate and cream

- Week 10: new skin formation with active closure
- Week 25: wound fully healed and remained intact 12 months later

Case 2

63 year old male, IDDM, non-healing right below knee amputation stump
Apr 2008: RIKKA stump failed to heal for eight months due to ischaemia and infection in central area
Dec 2008: non-viable skin, end of stump raw with accumulation of white, necrotic tissue
14 Dec 2008: commenced daily application of OPAL 001 filtrate and cream

- Week 2: non-viable skin well defined and localised, surrounding skin appeared healthy
- Week 4: necrotic skin almost pealed away leaving healthy skin, ulcer almost healed

Case 3

87 year old male, asthma and COPD, in residential care
Mar 2009: fall, lower leg skin tears; became infected, painful over three months
30 Jun 2009: commenced daily OPAL A filtrate and cream

- Week 4: smaller, the necrotic material cleared from distal ulcer, marked reduction in slough
- Week 8: wounds almost completely healed. Remained healed at 20 weeks

Case 4

89 year old female, Alzheimer’s, hypertension, brain stem CVA, chest oedema, in residential care
20 Jul 2008: skin tears right lower calf; sloughy and inflamed despite best practice management
3 Aug 2008: commenced daily treatment with OPAL 001: shallow ulcer, exudate, haemorrhagic ooze
- Week 3: wound completely healed

Case 5

71 year old male, above left knee amputee, phantom limb pain, NIDDM, arteriopathy
Sep 2008: ulcer on bunion of right great toe, commenced antibiotics but remained unresponsive to best practice management for 11 months; extremely painful requiring opiate anaesthesia
11 Aug 2009: ulcer unhealed and painful; commenced daily treatment with OPAL A filtrate and cream

- Week 2: clean, surrounding skin hyperaemic
- Week 4: clean and dry with significantly reduced pain
- Week 16: ulcer completely healed

Case 6

80 year old male, thromboangiitis obliterans, bilateral peripheral vascular insufficiency
May 2008: painful left foot, both feet appeared ischaemic
17 Jun: left 4th toenail removed, grossly infected, hospitalised with cellulitis; failed to heal
9 Dec 08: commenced treatment with OPAL A filtrate and cream
18 Dec 08: ulcer drier, toe less swollen
19 Dec 08: the toe became necrotic and was subsequently amputated. The surgical wound failed to heal for two months and left BKA performed.

Case 7

87 year old female, multiple extensive CVAs, generalised arteriopathy, PVD, in residential care
Feb 2007: right 2nd toe ulcer infected, deteriorated over 10 months
29 Nov 2007: commenced OPAL 001 filtrate and cream

- Week 12: ulcer clean, oedema and redness abated over next three weeks
- Week 27: healed with improved colour and condition of surrounding skin

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