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TOPICAL BEE HONEY FOR SEVERELY INFECTED PERINEAL AND EPISIOTOMY WOUNDS

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ABSTRACT

Aim: to evaluate therapeutic efficacy of topical honey as wound dressing in cases of perennial infections following gynecologic surgeries and episiotomies.

Methods: Sixty-one patients with either post-perennial repair or post-episiotomy severe wound infections were recruited, and allocated into two groups. Group I (31) received crude Egyptian bee honey applications, and Group II (30) had local antiseptics. Both groups have systemic antibiotics. The honey amount was applied under these conditions: depended on amount of exudate; in general 10 cc for a 5-cm dressing, twice daily as beginning; if sticky: more, if gapped: filled with honey before applying the dressing pad, peri-wound inflamed area: included in the dressing, occlusive secondary dressing applied to prevent ooze.

Results: Infection data included: 1) same general (fever and malaise) and local (pain, tenderness, hotness and discharge) symptoms in the 2 groups , 2) onset of infection: 3-days in group I and 2-99 days in group II., 3) bacterial isolates: stash., strept, Pseudomonas spp, E. coli, bacteroides and clostridia in the 2 groups, 4) antimicrobial used: the same for the 2 groups: Gentamycin, flucloxacillin, metronidazole, tobramycin and clindamycin. Cure responses of the 2 groups: Group I has shown: a) faster wound healing (11.8 days vs. 24.7; P<.001; b) shorter hospital stay (6.5 vs. 12, 2 days, P<.01); c) less need for secondary intervention (3 secondary stitches vs. 8, P <.001); d) faster bacteriologic cure (6.5 DAYS VS. 17.7; P<.001).

Conclusion: Honey is a very effective and inexpensive treatment for severe perennial wound sepsis.

KEYWORDS: Ancient, Egypt, Care

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