

Studier med låg studiekvalitet/Studies of low study quality

Dessa studier har bedömts ha låg kvalitet pga stort bortfall, oklar randomisering, oklar allokering, oklar blindning och/eller ofullständig resultatredovisning.

These studies have been rated of low quality due to high drop-out rate, unclear randomisation, unclear allocation concealment, unclear blinding, and/or incomplete outcome data.

Fotsår/ Foot ulcers
Duarte HA, Fernandez M, J I, Fors L, M M, Carretero JH, et al. Clinical evaluation of De Marco formula as an adjunctive therapy for infected ischemic diabetic foot: a prospective randomized controlled trial. <i>Can J Clin Pharmacol</i> . 2009;16:e381-91.
Faglia E, Favales F, Aldeghi A, Calia P, Quarantiello A, Oriani G, et al. Adjunctive systemic hyperbaric oxygen therapy in treatment of severe prevalently ischemic diabetic foot ulcer. A randomized study. <i>Diabetes Care</i> . 1996;19:1338-43.
Gershater MA, Pilhammar E, Apelqvist J, Alm-Roijer C. Patient education for the prevention of diabetic foot ulcers Interim analysis of a randomised controlled trial due to morbidity and mortality of participants. <i>European Diabetes Nursing</i> 2011;8.
Lavery LA, Barnes SA, Keith MS, Seaman JW, Jr, Armstrong DG. Prediction of healing for postoperative diabetic foot wounds based on early wound area progression. <i>Diabetes Care</i> . 2008;31:26-9.
Marston WA, Hanft J, Norwood P, Pollak R, Dermagraft Diabetic Foot Ulcer S, Group. The efficacy and safety of Dermagraft in improving the healing of chronic diabetic foot ulcers: results of a prospective randomized trial. <i>Diabetes Care</i> . 2003;26:1701-5.
Martinez-de J, F R, Morales-Guzman M, Castaneda M, Perez-Morales A, Garcia-Alonso J, et al. Randomized single-blind trial of topical ketanserin for healing acceleration of diabetic foot ulcers. <i>Arch Med Res</i> . 1997;28:95-9.
Martinez-Sanchez G, Al-Dalain SM, Menendez S, Re L, Giuliani A, Candelario-Jalil E, et al. Therapeutic efficacy of ozone in patients with diabetic foot. <i>Eur J Pharmacol</i> . 2005;523:151-61.
Prochazka V, Gumulec J, Jaluvka F, Salounova D, Jonszta T, Czerny D, et al. Cell therapy, a new standard in management of chronic critical limb ischemia and foot ulcer. <i>Cell Transplant</i> . 2010;19:1413-24.
Reyzelman A, Crews RT, Moore JC, Moore L, Mukker JS, Offutt S, et al. Clinical effectiveness of an acellular dermal regenerative tissue matrix compared to standard wound management in healing diabetic foot ulcers: a prospective, randomised, multicentre study. <i>Int Wound J</i> . 2009;6:196-208.
Veves A, Falanga V, Armstrong DG, Sabolinski ML, Apligraf Diabetic Foot U, Study. Graftskin, a human skin equivalent, is effective in the management of noninfected neuropathic diabetic foot ulcers: a prospective randomized multicenter clinical trial. <i>Diabetes Care</i> . 2001;24:290-5.
Veves A, Sheehan P, Pham HT. A randomized, controlled trial of Promogran (a collagen/oxidized regenerated cellulose dressing) vs standard treatment in the management of diabetic foot ulcers. <i>Arch Surg</i> . 2002;137:822-7.

Studier med låg studiekvalitet/Studies of low study quality

Dessa studier har bedömts ha låg kvalitet pga stort bortfall, oklar randomisering, oklar allokering, oklar blindning och/eller ofullständig resultatredovisning.

These studies have been rated of low quality due to high drop-out rate, unclear randomisation, unclear allocation concealment, unclear blinding, and/or incomplete outcome data.

Reiber GE, Smith DG, Wallace C, Sullivan K, Hayes S, Vath C, et al. Two types of therapeutic shoes were no better than usual footwear for preventing foot reulceration. <i>Journal of Bone and Joint Surgery - Series A</i> 2002;84:2107.
Bensår/ Leg ulcer
Andersen KE, Franken CPM, Gad P, Larsen AM, Larsen JR, van N, et al. A randomized, controlled study to compare the effectiveness of two foam dressings in the management of lower leg ulcers. <i>Ostomy Wound Management</i> . 2002;48:34-6.
Augustin M, Rustenbach SJ, Debus S, Grams L, Munter KC, Tigges W, et al. Quality of care in chronic leg ulcer in the community: Introduction of quality indicators and a scoring system. <i>Dermatology</i> 2011; 222:321-329.
Bello M, Scriven M, Hartshorne T, Bell PR, Naylor AR, London NJ. Role of superficial venous surgery in the treatment of venous ulceration. <i>Br J Surg</i> 1999;86:755-9.
Bjellerup M, Akesson H. The role of vascular surgery in chronic leg ulcers: Report from a specialized ulcer clinic. <i>Acta Derm Venereol</i> 2002;82:266-269.
Franks PJ, Moody M, Moffatt CJ, Hiskett G, Gatto P, Davies C, et al. Randomized trial of two foam dressings in the management of chronic venous ulceration. <i>Wound Repair & Regeneration</i> . 2007;15:197-202.
Franks PJ, Oldroyd MI, Dickson D, Sharp EJ, Moffatt CJ. Risk factors for leg ulcer recurrence: a randomized trial of two types of compression stocking. <i>Age Ageing</i> 1995;24:490-4.
Ghuri ASK, Nyamekye I, Grabs AJ, Farndon JR, Whyman MR, Poskitt KR. Influence of a specialised leg ulcer service and venous surgery on the outcome of venous leg ulcers. <i>European Journal of Vascular and Endovascular Surgery</i> 1998;16:238-244.
Guilhou JJ, Fevrier F, Debure C, Dubeaux D, Gillet-Terver MN, Guillot B, et al. Benefit of a 2-month treatment with a micronized, purified flavonoidic fraction on venous ulcer healing. A randomized, double-blind, controlled versus placebo trial. <i>Int J Microcirc Clin Exp</i> 1997;17 Suppl 1:21-6.
Guilhou JJ, Dereure O, Marzin L, Ouvry P, Zuccarelli F, Debure C, et al. Efficacy of Daflon 500 mg in venous leg ulcer healing: a double-blind, randomized, controlled versus placebo trial in 107 patients. <i>Angiology</i> 1997;48:77-85.
Harding KG, Price P, Robinson B, Thomas S, Hofman D. Cost and dressing evaluation of hydrofiber and alginate dressings in the management of community-based patients with chronic leg ulceration. <i>Wounds: A Compendium of Clinical Research & Practice</i> 2001;13:229-36.
Hewitt A, Flekser R, Harcourt D, Sinha S. The evolution of a hospital based leg ulcer clinic. <i>Primary</i>

Studier med låg studiekvalitet/Studies of low study quality

Dessa studier har bedömts ha låg kvalitet pga stort bortfall, oklar randomisering, oklar allokering, oklar blindning och/eller ofullständig resultatredovisning.

These studies have been rated of low quality due to high drop-out rate, unclear randomisation, unclear allocation concealment, unclear blinding, and/or incomplete outcome data.

Intention: The Australian Journal of Wound Management 2003;11:75-7.
Iglesias C, Nelson EA, Cullum NA, Torgerson DJ, Ven UST. VenUS I: a randomised controlled trial of two types of bandage for treating venous leg ulcers. Health Technol Assess. 2004;8:iii, 1-105.
Jorgensen B, Price P, Andersen KE, Gottrup F, Bech-Thomsen N, Scanlon E, et al. The silver-releasing foam dressing, Contreet Foam, promotes faster healing of critically colonised venous leg ulcers: A randomised, controlled trial. Int Wound J. 2005;2:64-73+40.
Kavros SJ, Miller JL, Hanna SW. Treatment of ischemic wounds with noncontact, low-frequency ultrasound: the Mayo clinic experience, 2004-2006. Adv Skin Wound Care. 2007;20:221-6.
Leaper DJ, Cameron S, Hewitt H, Winter A, Lucarotti ME. A community- and hospital-based comparative evaluation of Comfeel ulcer dressing for chronic leg ulcers. Journal of Dermatological Treatment 1991;2:103-106.
Meaume S, Ourabah Z, Cartier H, Granel-Brocard F, Combemale P, Bressieux JM, et al. Evaluation of a lipidocolloid wound dressing in the local management of leg ulcers. Journal of wound care. 2005;14:329-34.
Meaume S, Ourabah Z, Romanelli M, Manopulo R, De V, Salomon D, et al. Efficacy and tolerance of a hydrocolloid dressing containing hyaluronic acid for the treatment of leg ulcers of venous or mixed origin. Curr Med Res Opin. 2008;24:2729-39.
Miller CN, Carville K, Newall N, Kapp S, Lewin G, Karimi L, et al. Assessing bacterial burden in wounds: comparing clinical observation and wound swabs. Int Wound J. 2011;8:45-55.
Miller CN, Newall N, Kapp SE, Lewin G, Karimi L, Carville K, et al. A randomized-controlled trial comparing cadexomer iodine and nanocrystalline silver on the healing of leg ulcers. Wound Repair Regen. 2010;18:359-67.
Moffatt CJ, Franks PJ, Oldroyd M, Bosanquet N, Brown P, Greenhalgh RM, et al. Community clinics for leg ulcers and impact on healing. British Medical Journal 1992;305:1389-92.
Moffatt CJ, Franks PJ, Oldroyd MI, Greenhalgh RM. Randomized trial of an occlusive dressing in the treatment of chronic non-healing leg ulcers. Phlebology. 1992;7:105-7.
Moffatt CJ, McCullagh L, O'Connor T, Doherty DC, Hourican C, Stevens J, et al. Randomized trial of four-layer and two-layer bandage systems in the management of chronic venous ulceration. Wound Repair Regen. 2003;11:166-71.
Nelson EA, Iglesias CP, Cullum N, Torgerson DJ. Randomized clinical trial of four-layer and short-stretch compression bandages for venous leg ulcers (VenUS I). British Journal of Surgery. 2004;91:1292-9.

Studier med låg studiekvalitet/Studies of low study quality

Dessa studier har bedömts ha låg kvalitet pga stort bortfall, oklar randomisering, oklar allokering, oklar blindning och/eller ofullständig resultatredovisning.

These studies have been rated of low quality due to high drop-out rate, unclear randomisation, unclear allocation concealment, unclear blinding, and/or incomplete outcome data.

Nikol S, Baumgartner I, Van B, Diehm C, Visona A, Capogrossi MC, et al. Therapeutic angiogenesis with intramuscular NV1FGF improves amputation-free survival in patients with critical limb ischemia. <i>Molecular Therapy</i> . 2008;16:972-8.
O'Brien JF, Grace PA, Perry IJ, Hannigan A, Clarke M, Burke PE. Randomized clinical trial and economic analysis of four-layer compression bandaging for venous ulcers. <i>Br J Surg</i> . 2003;90:794-8.
Partsch H, Damstra RJ, Tazelaar DJ, Schuller-Petrovic S, Velders AJ, de R, et al. Multicentre, randomised controlled trial of four-layer bandaging versus short-stretch bandaging in the treatment of venous leg ulcers. <i>Vasa</i> . 2001;30:108-13.
Schmutz JL, Meaume S, Fays S, Ourabah Z, Guillot B, Thirion V, et al. Evaluation of the nano-oligosaccharide factor lipido-colloid matrix in the local management of venous leg ulcers: results of a randomised, controlled trial. <i>Int Wound J</i> . 2008;5:172-82.
Senet P, Bause R, Jorgensen B, Fogh K. Clinical efficacy of a silver-releasing foam dressing in venous leg ulcer healing: a randomised controlled trial. <i>Int Wound J</i> 2013.
Smith JM, Dore CJ, Charlett A, Lewis JD. A randomized trial of biofilm dressing for venous leg ulcers. <i>Phlebology</i> . 1992;7:108-13.
Stacey MC, Mata SD, Trengove NJ, Mather CA. Randomised double-blind placebo controlled trial of topical autologous platelet lysate in venous ulcer healing. <i>Eur J Vasc Endovasc Surg</i> . 2000;20:296-301.
Vin F, Teot L, Meaume S. The healing properties of Promogran in venous leg ulcers. <i>J Wound Care</i> 2002;11:335-41.
Vowden P, Romanelli M, Peter R, Bostrom A, Josefsson A, Stege H. The effect of amelogenins (Xelma) on hard-to-heal venous leg ulcers. <i>Wound Repair Regen</i> . 2006;14:240-6.
Vu T, Harris A, Duncan G, Sussman G. Cost-effectiveness of multidisciplinary wound care in nursing homes: A pseudo-randomized pragmatic cluster trial. <i>Fam Pract</i> 2007;24:372-379.
Wong IK, Andriessen A, Lee DT, Thompson D, Wong LY, Chao DV, et al. Randomized controlled trial comparing treatment outcome of two compression bandaging systems and standard care without compression in patients with venous leg ulcers. <i>J Vasc Surg</i> . 2012.
Trycksår/ Pressure ulcers
Adunsky A, Ohry A. Decubitus direct current treatment (DDCT) of pressure ulcers: results of a randomized double-blinded placebo controlled study. <i>Archives of Gerontology & Geriatrics</i> . 2005;41:261-9.
Banks V, Bale SE, Harding KG. Comparing two dressings for exuding pressure sores in community

Studier med låg studiekvalitet/Studies of low study quality

Dessa studier har bedömts ha låg kvalitet pga stort bortfall, oklar randomisering, oklar allokering, oklar blindning och/eller ofullständig resultatredovisning.

These studies have been rated of low quality due to high drop-out rate, unclear randomisation, unclear allocation concealment, unclear blinding, and/or incomplete outcome data.

patients. Journal of wound care. 1994;3:175-8.
Barr JE, Day AL, Weaver VA, Taler GM. Assessing clinical efficacy of a hydrocolloid/alginate dressing on full-thickness pressure ulcers. Ostomy Wound Management. 1995;41:28-30.
Branom R, Rapp LM. "Constant force technology" versus low-air-loss therapy in the treatment of pressure ulcers [corrected] [published erratum appears in OSTOMY WOUND MANAGE 2001 Nov; 47(11): 6]. Ostomy Wound Management. 2001;47:38-46.
Burgos A, Gimenez J, Moreno E, Campos J, Ardanaz J, Talaero C, et al. Collagenase ointment application at 24- versus 48-hour intervals in the treatment of pressure ulcers. A randomised multicentre study. Clinical Drug Investigation. 2000;19:399-407.
Burgos A, Gimenez J, Moreno E, Lamberto E, Utrera M, Urraca EM, et al. Cost, efficacy, efficiency and tolerability of collagenase ointment versus hydrocolloid occlusive dressing in the treatment of pressure ulcers. A comparative, randomised, multicentre study. Clinical Drug Investigation. 2000;19:357-65.
Day A, Dombranski S, Farkas C, Foster C, Godin J, Moody M, et al. Managing sacral pressure ulcers with hydrocolloid dressings: results of a controlled, clinical study. Ostomy Wound Manage. 1995;41:52-4, 6, 8 passim.
Ellis SL, Finn P, Noone M, Leaper DJ. Eradication of methicillin-resistant Staphylococcus aureus from pressure sores using warming therapy. Surg Infect (Larchmt). 2003;4:53-5.
Ferrell BA, Osterweil D, Christenson P. A randomized trial of low-air-loss beds for treatment of pressure ulcers. JAMA: Journal of the American Medical Association. 1993;269:494-7.
LeVasseur SA, Helme RD. A double-blind clinical trial to compare the efficacy of an active based cream F14001 against a placebo non-active based cream for the treatment of pressure ulcers in a population of elderly subjects. J Adv Nurs. 1991;16:952-6.
Matzen S, Peschardt A, Alsbjorn B. A new amorphous hydrocolloid for the treatment of pressure sores: a randomised controlled study. Scand J Plast Reconstr Surg Hand Surg. 1999;33:13-5.
Maume S, Van De L, Heyman H, Romanelli M, Ciangherotti A, Charpin S. A study to compare a new self-adherent soft silicone dressing with a self-adherent polymer dressing in stage II pressure ulcers. Ostomy Wound Manage 2003;49:44-51.
Meaume S, Kerihuel JC, Constans T, Teot L, Lerebours E, Kern J, et al. Efficacy and safety of ornithine alpha-ketoglutarate in heel pressure ulcers in elderly patients: results of a randomized controlled trial. J Nutr Health Aging. 2009;13:623-30.
Rhodes RS, Heyneman CA, Culbertson VL, Wilson SE, Phatak HM. Topical phenytoin treatment of stage II decubitus ulcers in the elderly. Annals of Pharmacotherapy. 2001;35:675-81.

Studier med låg studiekvalitet/Studies of low study quality

Dessa studier har bedömts ha låg kvalitet pga stort bortfall, oklar randomisering, oklar allokering, oklar blindning och/eller ofullständig resultatredovisning.

These studies have been rated of low quality due to high drop-out rate, unclear randomisation, unclear allocation concealment, unclear blinding, and/or incomplete outcome data.

Seaborne D, Quirion-DeGirardi C, Rousseau M, Rivest M, Lambert J. The treatment of pressure sores using pulsed electromagnetic energy (PEME). <i>Physiotherapy Canada</i> . 1996;48:131-7.
Seeley J, Jensen JL, Hutcherson J. A randomized clinical study comparing a hydrocellular dressing to a hydrocolloid dressing in the management of pressure ulcers. <i>Ostomy Wound Manage</i> . 1999;45:39-44, 6.
Sipponen A, Jokinen JJ, Sipponen P, Papp A, Sarna S, Lohi J. Beneficial effect of resin salve in treatment of severe pressure ulcers: a prospective, randomized and controlled multicentre trial. <i>Br J Dermatol</i> . 2008;158:1055-62.
ter Rie, Kessels AG, Knipschild P. Randomised clinical trial of ultrasound treatment for pressure ulcers. <i>BMJ</i> 1995;310:1040-1.
Organisation
Vu T, Harris A, Duncan G, Sussman G. Cost-effectiveness of multidisciplinary wound care in nursing homes: A pseudo-randomized pragmatic cluster trial. <i>Fam Pract</i> 2007;24:372-379.
Hewitt A, Flekser R, Harcourt D, Sinha S. The evolution of a hospital based leg ulcer clinic. <i>Primary Intention: The Australian Journal of Wound Management</i> 2003;11:75-7.
Moffatt CJ, Franks PJ, Oldroyd M, Bosanquet N, Brown P, Greenhalgh RM, et al. Community clinics for leg ulcers and impact on healing. <i>British Medical Journal</i> 1992;305:1389-1392.
Augustin M, Rustenbach SJ, Debus S, Grams L, Munter KC, Tigges W, et al. Quality of care in chronic leg ulcer in the community: Introduction of quality indicators and a scoring system. <i>Dermatology</i> 2011;222:321-329.
Öien RF, Tennvall GR. Accurate diagnosis and effective treatment of leg ulcers reduce prevalence, care time and costs. <i>J Wound Care</i> 2006;15:259-62.