

Acceptability of Larval Therapy in Patients Served at the Federal Hospital of Andaraí (FHA) - Rio de Janeiro

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Larval therapy (LT) is a technique used for wound debridement, using necrobiontophagous fly larvae, hatching of previously sterilized eggs. This biotherapy has been reported since ancient times, and is currently used in about thirty countries, like the United States, United Kingdom, Germany, Netherlands and Sweden. In the US, ulcers that are considered intractable account for 25-50% of hospital admissions; most of the 60,000 to 70,000 annual amputations are due to complications of diabetes. In a study of 25 patients in an Israeli hospital, aged between 35 and 88 years (mean 64.9 years), presenting diseases such as venous stasis, paraplegia, hemiplegia, Buerger's disease, lymphedema, thalassemia, polycythemia, dementia and Basal cell carcinoma, treatments with sterile larvae were performed, obtaining a mean of approximately four weeks for complete debridement of 88.45% of the wounds. The objective was to develop strategies for disclosure of LT in FHA; investigate the acceptability of this therapy among the patients. The study was developed in the FHA; the community became aware of the project after accepting and signing the Term of Free and Informed Consent. Publicity, interview and orientation about LT were carried out for the Outpatient Clinic for Wound Care and Prevention patients. The strategies were: expositive presentations, distribution of pamphlets and blog. Visits were held fortnightly. 22 patients were evaluated, being 59% female and 41% male; 10% were aged between 50 and 59 years, 45% between 60 and 69 years and 45% between 70 and 81 years. Wound locations were 50% in the legs, 18% in the ankles, 27% in the feet and 5% in the sacral region. The lesions mean age was 14, 88 years. The most prevalent comorbidities were: Systemic Arterial Hypertension (45%), Diabetes Mellitus (27%), Chronic Venous Insufficiency (27%), Chronic Venous Thrombosis (18%), Chronic Erysipelas (22%). Others of lower prevalence were: Arterial Obstruction, Breast Cancer, Anemia, Alzheimer's and Heart Failure. Medicines for continuous use were antihypertensive drugs and diuretics (Losartan, Enalapril, Nifedipine, Furosemide, Hydrochlorothiazide), phlebotonic drugs (Diosmina and Chestnut of India), medicines that prevent acute myocardial infarction and cerebrovascular accident (simvastatin, Acetylsalicylic, Clopidogrel), analgesics and antibiotics related to wounds treatment (Sulfatiazin, Dipirone, Diclofenac). Regarding the knowledge of LT, only two patients (9.1%) had prior knowledge of this biotherapy, the acceptability was 95.5%, only one of the interviewees did not want to be treated with LT. Among the reasons that led the patients to accept the use of the therapy are: to heal myself completely, get well, take away my pain and cure the wound definitely. Through this study it is expected that the dissemination strategies and the acceptability questionnaires will help to inform the target public about the LT relevance and the study of acceptability. It is expected that after the disclosure and acceptability of LT it becomes possible to apply it in patients with chronic wounds who have tried other treatments without satisfactory results.