Maggots Can Debride and Heal Refractory Wounds

BY MITCHEL L. ZOLER
Philadelphia Bureau

NASHVILLE, TENN. — Maggots provide a gentle and safe "biological debridement" of refractory wounds and can promote wound healing.

Using maggots to clear infection and dead tissue from a wound is cost effective, usually painless, and well received by patients and their families, Dr. Aletha W. Tippett said at the annual meeting of the American Academy of Hospice and Palliative Medicine.

Since she started using maggot therapy in 2001, Dr. Tippett has treated more than 100 patients.

Perhaps the only drawback to using maggot treatment is that it is time sensitive and requires planning. The single commercial source of medical maggots in the United States is Monarch Labs in Irvine, Calif. Maggots can be ordered on Monday through Thursday for next-day delivery. Each vial contains about 250-500 larvae and costs about $100, explained Dr. Tippett, who serves as medical director of the Hospice of Southwest Ohio in Cincinnati.

Medical maggots are larvae of the green blowfly, *Phaenicia sericata*. This treatment received approval by the Food and Drug Administration in 2004.

The dosage is 10 larvae for each cubic centimeter of wound. Dr. Tippett constructs a retention dressing out of chiffon and a nylon footie. A cycle of treatment lasts for 48 hours, after which the larvae are rinsed off as they enter the pupal stage of their life cycle.

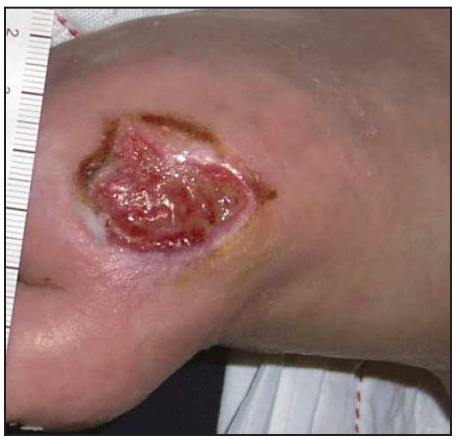
A typical wound requires one to six cycles of treatment. Sometimes the treatment cycles are applied one after another, while in other cases Dr. Tippett waits a day or so between the cycles.

Dr. Tippett said that she has not had a patient who was not helped by maggot therapy.

In several cases, severe and infected wounds that she did not believe would heal did in fact heal with maggot therapy.

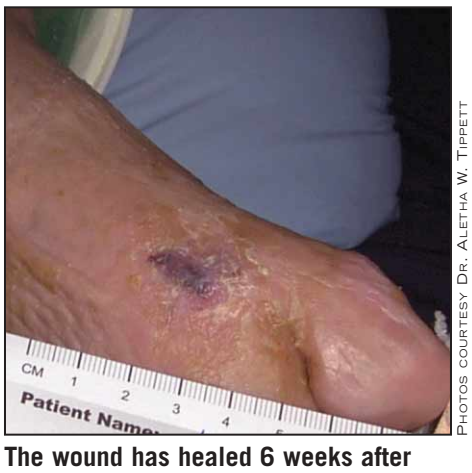
Not only do the maggots remove dead and infected tissue, but they appear to release growth factors that promote wound healing, Dr. Tippett noted.

Dr. Tippett said that she bills for this treatment as surgical debridement under Medicare Part B. Although Medicare and other insurers will pay for the physician's services, they will not yet pay for the maggots. Some hospices have paid for the maggots; sometimes Dr. Tippett pays for them herself. ■



This wound on the foot of a 93-year-old woman had not healed for over a year.

Medical maggots (*Phaenicia sericata*) are seen on the wound during treatment.



The wound has healed 6 weeks after the "biological debridement."

PHOTOS COURTESY DR. ALETHA W. TIPPETT

Pages 34a—34d

References: 1. Thiboutot DM, Shalita AR, Yamauchi PS, et al. Combination therapy with adapalene gel 0.1% and doxycycline for severe acne vulgaris: a multicenter, investigator-blind, randomized, controlled study. *SKINmed.* 2005;4:138-146. **2.** Gollnick H, Cunliffe W, Berson D, et al. Management of acne: a report from a global alliance to improve outcomes in acne. *J Am Acad Dermatol.* 2003;49:S1-S38. **3.** Wolf JE Jr, Kaplan D, Kraus SJ, et al. Efficacy and tolerability of combined topical treatment of acne vulgaris with adapalene and clindamycin: a multicenter, randomized, investigator-blinded study. *J Am Acad Dermatol.* 2003;49:S211-S217. **4.** Thiboutot D, Gold MH, Jaratt MT, et al. Randomized controlled trial of the tolerability, safety, and efficacy of adapalene gel 0.1% and tretinoin microsphere gel 0.1% for the treatment of acne vulgaris. *Cutis.* 2001;68:10-19. **5.** Shalita A, Weiss JS, Chalker DK, et al. A comparison of the efficacy and safety of adapalene gel 0.1% and tretinoin gel 0.025% in the treatment of acne vulgaris: a multicenter trial. *J Am Acad Dermatol.* 1996;34:482-485. **6.** NDC Health data, 2005.