Evaluation of Efficacy of Collagen-Calcium Alginate Protectants on Chronic Wound Healing in Horses

Khaled. M. A. Hussin1*, Asma Saleh W2, Rehab Hamad1 and Marwan Saleh3

1Department of Clinical Veterinary Medical Sciences, Faculty of Veterinary Medicine, Omar Al- Mukhtar University, Al-Bayda, Libya
2Department of Botany, Faculty of Science, Toubrk University, Toubrk, Libya
3Agricultural Research Center, Al-Bayda, Libya

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Abstract: This study aimed to evaluate the efficacy of collagen-calcium alginate as an accelerator of wound healing in a clinical case of ten horses attended at the University Veterinary Hospital (UVH) at Omar Al-Mukhtar University, having non-healing chronic wounds. The pattern of wound healing was evaluated both clinically and by planimetry. All cases showed healing progress after the application of the collagen-calcium alginate film. The study results suggested that collagen-calcium alginate film can be a better wound healing biomaterial in horses. It can be used as a less expensive skin substitute in order to stimulate and promote wound healing in animals especially in the case of chronic non-healing wounds.

Keywords: Biomaterial, Collagen-Calcium Alginate, Wound Healing, Chronic Wound.

INTRODUCTION

One of the most complicated biological events after birth is wound healing (Gopinath et al., 2004; Schäffer et al., 2004). It is a complex process of replacing dead tissue with vital tissue (Khaled & Ashraf, 2008; Khaled et al., 2014). The aims of any wound treatment are to alleviate animal pain and discomfort, functional and cosmetic recovery, economical and time-efficient procedures, and prompt decision-making in case of signs of delayed healing. (Ashraf & Khaled, 2008; Ballard & Baxter, 2000). In chronic wounds, the main focus of wound healing has been on the relationship between tissue degradation by excess inflammation and tissue synthesis induced by a pro-healing environment. Due to their biocompatibility, biodegradability, and nontoxicity, natural polymers have been increasingly studied for health care applications (Mali et al., 2006). The collagen based film is a potentially useful biomaterial since it is the main component of the connective tissue and enables the release of regulated drugs within the target tissues (Gopinath et al., 2004). Alginates are highly absorbent gel-forming materials with haemostatic properties (Blaine, 1947), and it has long been recognized that when a gel is produced on the wound surface dehydration is prevented, and rapid wound healing occurs (Winter, 1962). Alginates are known to break down to simple monosaccharide type residues in contact with body fluids and be fully absorbed. The wound exudates turn the calcium into sodium salt, allowing the dressing to dissolve by dissolution. Any remaining residual fibers inside the wound are biodegraded, thereby eliminating the need for full removal (Burrow et al., 1983). With collagen-calcium alginate biomaterial, early wound healing can be encouraged (Khaled et al., 2014). The present research was carried out to test the efficacy of calcium alginate film for
wound healing.

MATERIALS AND METHODS

In the Central Leather Research Institute, Chennai, calcium alginate film was developed at a thickness of 0.2 mm (Figure1) (Khaled et al., 2016; Khaled et al., 2014; Rafi et al., 2008). Ten horses suffering from unhealed wounds that attended the University Veterinary Hospital (UVH), Omar Al-Mokhtar University, were chosen. Wound characterizations for all horses are given in Table 1. Animals were treated with regular saline and povidone-iodine with a course of antibiotics for a period of 26 days without signs of wound healing. Wounds

were treated for one to two minutes with calcium alginate film soaked in Gentamicin solution (Dutch Farm Veterinary Pharmaceuticals, the Netherlands).

The treatment was conducted once every three days, and four to five applications were administered to treat the wounds. Clinical observations, bacteriological analysis, and wound planimetry were determined for wound healing by square counting procedures (Richard et al., 2000) at the boundary between the normal skin, the wound and the outlined region. As defined by Bohling et al. (2004), the percentage of epithelialization, wound contraction, and total wound healing were determined.

![Figure: (1). Appearance of collagen-calcium alginate film (2 x 2cm sheet).](image1)

| Table: (1). Characterization of the wounds in examined horses |
|--------------|----------------|----------------|--------------|--------------|----------------|----------------|
| Case No | Age in Months | Sex | Nature and site of wound | Exudate | Wound Size (cm²) | Duration of Illness (days) |
| 1 | 22 | F | Right hand | Purulent | 12.6 | 20 |
| 2 | 36 | F | Left hand | Serosanguinous | 7.3 | 11 |
| 3 | 36 | M | Left elders from the neck | Exudates | 14.3 | 7 |
| 4 | 18 | F | Left hand | Exudates | 16 | 12 |
| 5 | 24 | F | Right elders from the neck | No exudate | 8.2 | 7 |
| 6 | 48 | M | Left man | Purulent | 4.8 | 24 |
| 7 | 66 | F | Left hand | Serosanguinous | 17.8 | 18 |
| 8 | 40 | F | Right hand | No exudate | 9.8 | 26 |
| 9 | 33 | F | Left hand | No exudate | 11.6 | 20 |
| 10 | 50 | M | Right hand | Serosanguinous | 8.1 | 9 |

M= Male, F= Female
RESULTS

Collagen-calcium alginate film with therapeutic ultrasound massage was well tolerated in all the cases. No animals showed any intolerance or bandage disturbance throughout the treatment. The formation of healthy granulation tissue was observed in all cases without any side effects. After the first application of collagen-calcium alginate film, there was a marked reduction in wound discharge and the development of new shiny and bright red granulation tissue, which indicated angiogenesis and the healing of the wound. Staphylococcus aureus, Pseudomonas, and Klebsiella species were isolated from cases 1 and 7 and Pseudomonas from cases 5 and 6. No organisms were isolated from cases 2, 3, 4, and 8. Staphylococcus aureus, Pseudomonas, and Klebsiella species were the common organisms isolated from infected wounds. Wound planimetry indicated that all the cases showed progress in epithelialization, contraction, and wound healing. Contraction ceased when the epithelialization of the wound is completed (Table2 and Figure 2).

Table: (2). Wound planimetry

| Case No | Characteristics | 1<sup>st</sup> (day 3) | 2<sup>nd</sup> (day 6) | 3<sup>rd</sup> (day 9) | 4<sup>th</sup> (day 12) | 5<sup>th</sup> (day 15) |
|---------|-----------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1       | Epithelialization | 9.32                   | 24.12                  | 45.15                  | 83.54                  | NR                     |
|         | Contraction      | 13.98                  | 32.78                  | 73.89                  | 89.38                  |                        |
|         | Wound healing    | 23.09                  | 51.12                  | 89.43                  | 90.58                  |                        |
|         | Epithelialization| 11.67                  | 32.10                  | 56.41                  | 89.32                  |                        |
| 2       | Contraction      | 22.10                  | 41.90                  | 82.10                  | 90.53                  | NR                     |
|         | Wound healing    | 34.78                  | 49.67                  | 76.28                  | 79.97                  |                        |
|         | Epithelialization| 14.82                  | 36.91                  | 60.21                  | 82.51                  |                        |
| 3       | Contraction      | 24.18                  | 51.88                  | 90.16                  | 96.32                  | NR                     |
|         | Wound healing    | 22.81                  | 46.09                  | 88.01                  | 82.39                  |                        |
|         | Epithelialization| 9.89                   | 47.32                  | 65.28                  | 83.05                  | 96.21                  |
| 4       | Contraction      | 32.98                  | 63.11                  | 82.84                  | 93.82                  | 94.01                  |
|         | Wound healing    | 39.85                  | 39.09                  | 79.89                  | 79.98                  | 89.19                  |
|         | Epithelialization| 18.09                  | 31.98                  | 67.95                  | 83.27                  | 89.65                  |
| 5       | Contraction      | 28.97                  | 73.52                  | 73.92                  | 85.36                  | 90.27                  |
|         | Wound healing    | 27.11                  | 42.45                  | 79.43                  | 92.52                  | 93.78                  |
|         | Epithelialization| 11.98                  | 46.98                  | 63.63                  | 79.54                  |                        |
| 6       | Contraction      | 21.98                  | 53.97                  | 69.34                  | 82.98                  | NR                     |
|         | Wound healing    | 34.50                  | 39.48                  | 78.43                  | 85.29                  |                        |
|         | Epithelialization| 19.46                  | 31.89                  | 61.86                  | 80.12                  | 89.84                  |
| 7       | Contraction      | 34.98                  | 58.65                  | 79.49                  | 89.63                  | 92.87                  |
|         | Wound healing    | 25.98                  | 41.96                  | 81.95                  | 79.54                  | 86.37                  |
|         | Epithelialization| 13.87                  | 42.97                  | 63.94                  | 79.73                  |                        |
| 8       | Contraction      | 27.52                  | 63.52                  | 75.89                  | 88.89                  | NR                     |
|         | Wound healing    | 29.89                  | 52.90                  | 79.85                  | 84.95                  |                        |
|         | Epithelialization| 10.86                  | 35.89                  | 59.12                  | 78.23                  | 87.97                  |
| 9       | Contraction      | 35.89                  | 61.90                  | 81.13                  | 91.99                  | 96.78                  |
|         | Wound healing    | 32.97                  | 41.97                  | 72.89                  | 82.12                  | 92.98                  |
|         | Epithelialization| 11.98                  | 38.96                  | 60.87                  | 75.89                  |                        |
| 10      | Contraction      | 33.87                  | 58.93                  | 78.93                  | 92.98                  | NR                     |
|         | Wound healing    | 39.53                  | 60.19                  | 80.31                  | 90.23                  |                        |
DISCUSSION

In all cases, the application of collagen-calcium alginate film was well tolerated by the animals. The collagen-calcium alginate film is easy to apply on the wound without any adverse reaction and was well accepted by all the animals. The application of collagen-calcium alginate film did not show any adhesion of the gauze during wound dressing.

The colour of the wound bed in all cases was red while cases 2 and 5 showed a bright beefy red colour, which indicates healthy granulation tissue with neovascularisation (Taylor & Bayat, 2003), and resistance to infection until the epithelial barrier is re-established (Hosgood, 2003; Pope, 1993). The bright red colour observed is due to the microvascular network throughout the granulation tissue (Tonnesen et al., 2000). The basic fibroblast growth factor sets the stage for angiogenesis during the first three days of wound repair (Schäffer et al., 2004) and plays an important role in granulation tissue formation and the wound healing process (Takehara, 2000). Granulation in all the cases was flat without any exuberant nature; granulation tissue with a smooth surface facilitates the migration of epithelial cells (Pope, 1993). In cases 1, 3, 4, 6, 7, 8, 9, and 10 the granulation tissue was red in colour due to neovascularisation (Taylor & Bayat, 2003). Mal-odour was observed up to Day 12 in all cases (Taylor & Bayat, 2003). The presence of bacterial infection was the common cause for the mal-odour observed, because all the wounds were infected. Serous discharge was noticed up to Day 12 in cases 2 and 5, and mild serous discharge was noticed up to Day 8 in cases 4 and 9; subsequently, the discharge was reduced because healthy vascular granulation tissue is resistant to infection (Hosgood, 2003; Pope, 1993). On Day 4, epithelialisation was significantly better in all cases, because collagen from the wound margins began to migrate to form new epithelium (Rangaraj et al., 2011).

The percentage of wound contraction on post wound Days 4 and 8 of all cases showed no significant difference, this may be because of an inherent property of fibroblasts that appears early in the process of wound contraction after some time, do not contract as forcefully as those that appear later (Bohling et al., 2004).
All the cases showed a maximum mean percentage of total wound healing from Days 4 to 8; this is in concurrence with the results of Bohling et al. (2004) but differs from the findings of (Swaim et al., 1993). *Staphylococcus aureus, Psudomonous, Klebsiellasp Escherichia coli* is the common infection in wounds (Kumar et al., 2006). All wounds can be contaminated regardless of the precautions taken (Arul Jothi et al., 2006). Collagen-calcium alginate film is a biocompatible protein that does not interfere with the body’s normal immunologic response and can be used in non-healing chronic wounds, which require a trigger to stimulate the normal healing process.

**CONCLUSION**

The present study has shown that collagen-calcium alginate film can be used as a wound-healing stimulant to promote the healing of chronic wounds in animals. This is a promising finding because collagen-calcium alginate film is an inexpensive biomaterial as a skin substitute to stimulate wound healing in animals where the cost of treatment is a major consideration.

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تقييم فعالية واقعية الكولاجين والكالسيوم أليجرينات في التئام الجروح المزمنة في الخيول

خالد مسعود عبدالخالق، أسامة صالح ونور الاسبوعي
قسم العلوم الطبية البيطرية السريرية، كلية الطب البيطرى، جامعة عمر المختار، البيضاء، ليبيا

نيس، أسماء صالح ويسرا النعمر، مروان صالح
قسم النبات، كلية العلوم، جامعة طبرق، طبرق، ليبيا
مركز البحوث الزراعية، البيضاء، ليبيا.

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المستخلص: هدف الدراسة تقييم فعالية الكولاجين والكالسيوم أليجرينات في التئام الجروح في الخيول التي تعاني جريحاً مزمناً. غير قابل للشفاء، هذه الخيول كانت موجودة في المستشفى البيطرى الجامعي (UVH) جامعة عمر المختار. تم تقييم نمط التئام الجروح على المستوى الإكلينيكي. أظهرت جميع الحالات تقدماً جيداً في الشفاء بعد دهون غشاء الكولاجين والكالسيوم أليجرىنات. اقترح نتائج الدراسة أن فيلم الكالسيوم والكولاجين أليجرينات يمكن أن يكون مادة حيوية أفضل في التئام الجروح في الخيول، ويمكن استخدامه بدلاً جدياً أقل تكلفة لتحفيز التئام الجروح المزمنة التي لا تلتزم في الحيوانات.

الكلمات المفتاحية: المادة الحيوية، الكولاجين والكالسيوم أليجرينات، التئام الجروح، الجروح المزمنة.

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