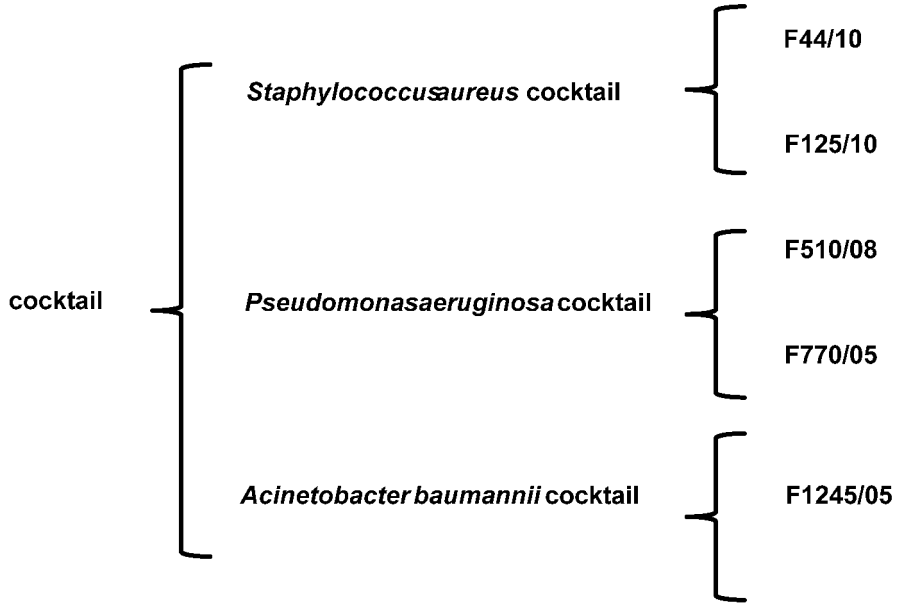

cocktail
Staphylococcusaureus cocktail
F44/10
F125/10
Pseudomonasaeruginosa cocktail
F510/08
F770/05
Acinetobacter baumannii cocktail
F1245/05

FIG. 1

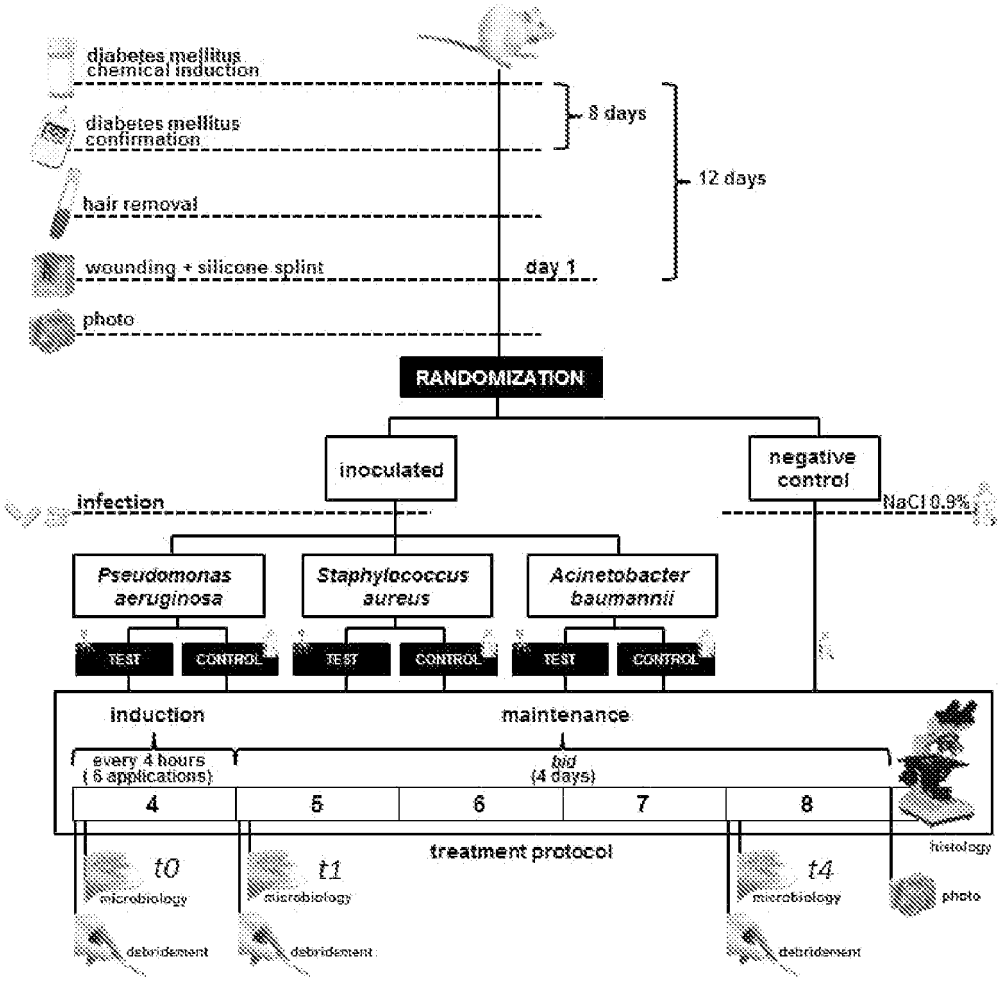

diabetes mellitus chemical induction
diabetes mellitus confirmation
8 days
12 days
hair removal
wounding + silicone splint
day 1
photo
RANDOMIZATION
inoculated
negative control
infection
NaCl 0.9%
Pseudomonas aeruginosa
Staphylococcus aureus
Acinetobacter baumannii
TEST
CONTROL
TEST
CONTROL
TEST
CONTROL
induction
maintenance
every 4 hours (6 applications)
bid (4 days)
4
5
6
7
8
treatment protocol
histology
t0
microbiology
debridement
t1
microbiology
debridement
t4
microbiology
debridement
photo

FIG. 2

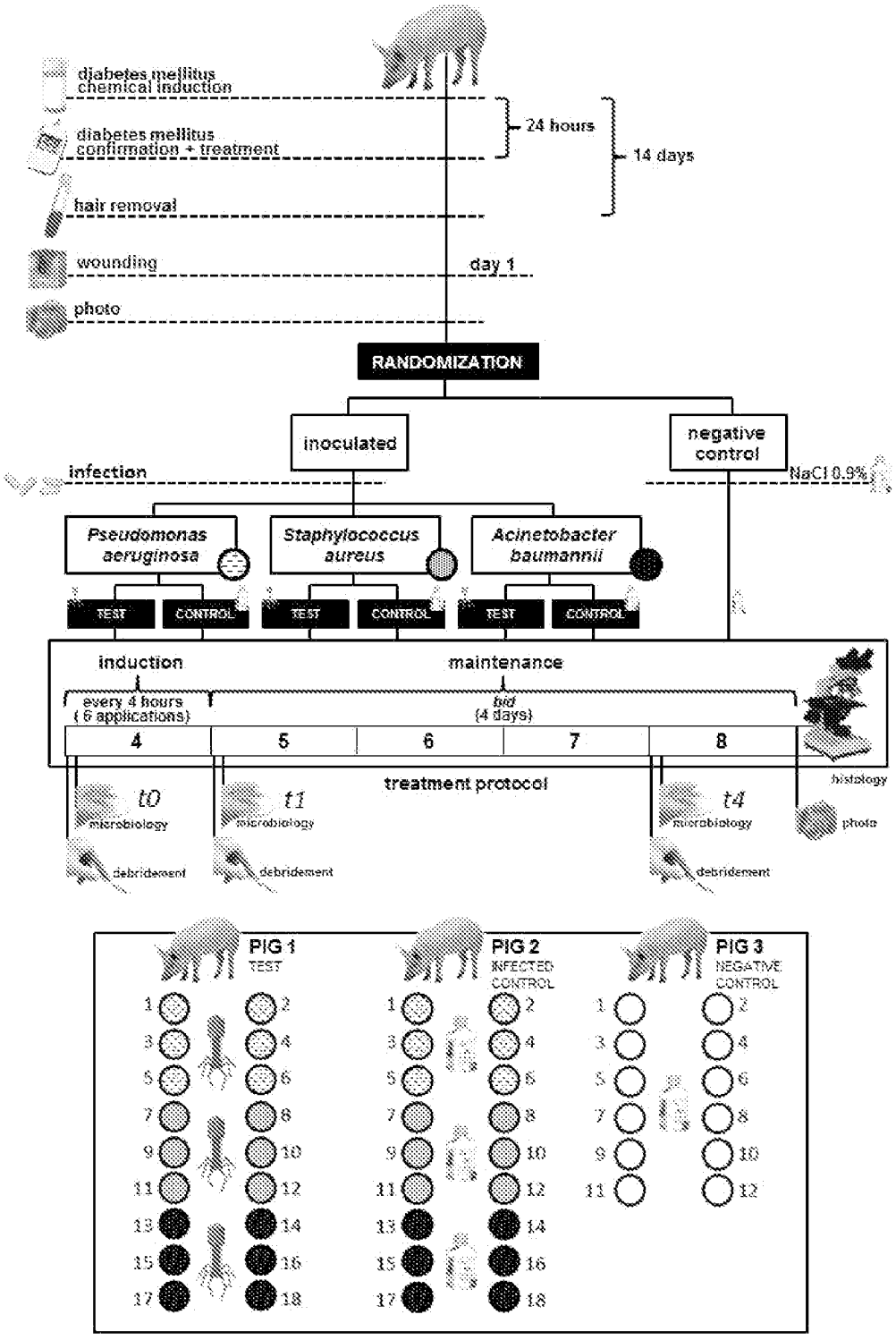

diabetes mellitus chemical induction
diabetes mellitus confirmation + treatment
hair removal
wounding
photo
24 hours
14 days
day 1
RANDOMIZATION
inoculated
negative control
infection
NaCl 0.9%
Pseudomonas aeruginosa
Staphylococcus aureus
Acinetobacter baumannii
TEST
CONTROL
induction
maintenance
every 4 hours (6 applications)
bid (4 days)
4
5
6
7
8
treatment protocol
histology
photo
t0
microbiology
debridement
t1
microbiology
debridement
t4
microbiology
debridement
PIG 1
TEST
PIG 2
INFECTED CONTROL
PIG 3
NEGATIVE CONTROL

FIG. 3

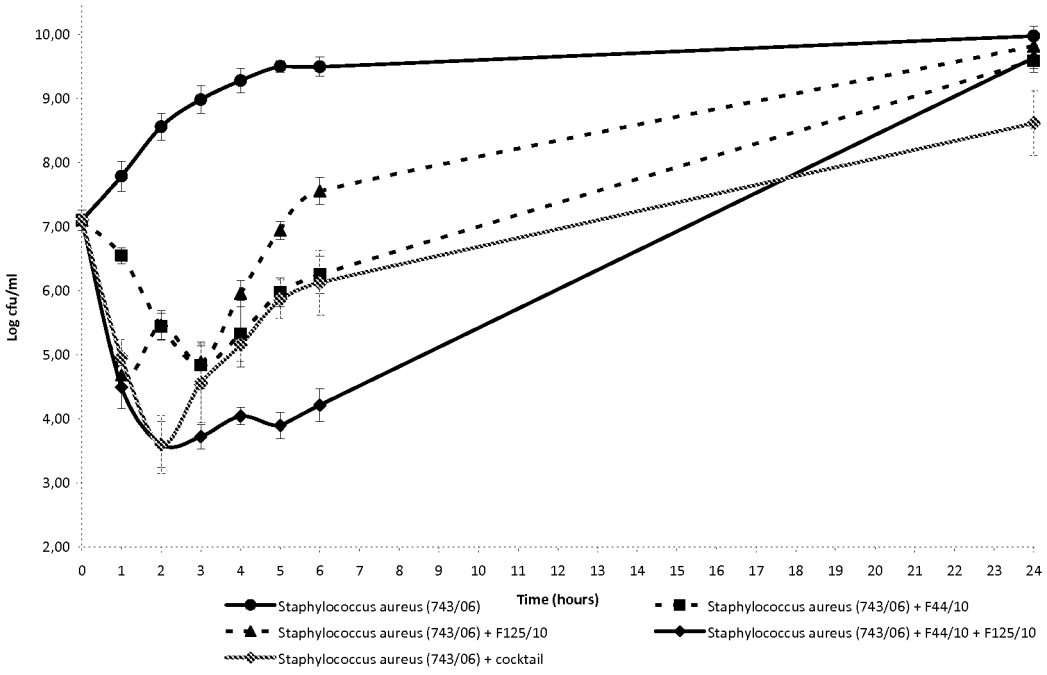

10,00
9,00
8,00
7,00
6,00
5,00
4,00
3,00
2,00
Log cfu/ml
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Time (hours)
Staphylococcus aureus (743/06)
Staphylococcus aureus (743/06) + F44/10
Staphylococcus aureus (743/06) + F125/10
Staphylococcus aureus (743/06) + F44/10 + F125/10
Staphylococcus aureus (743/06) + cocktail

FIG. 4

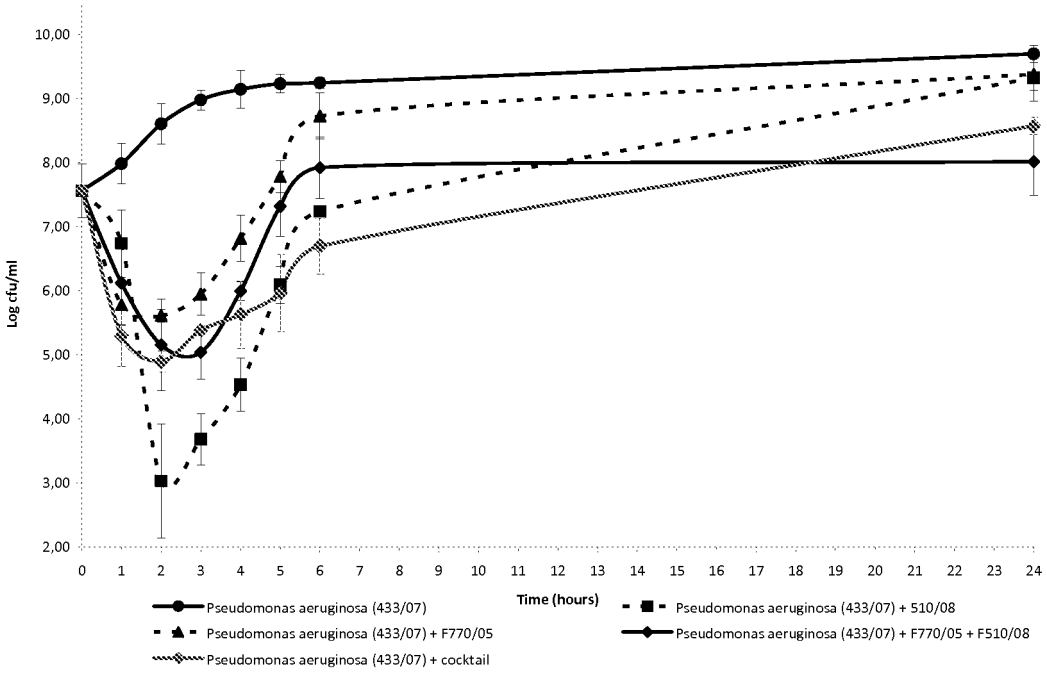

10,00
9,00
8,00
7,00
6,00
5,00
4,00
3,00
2,00
Log cfu/ml
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Time (hours)
Pseudomonas aeruginosa (433/07)
Pseudomonas aeruginosa (433/07) + 510/08
Pseudomonas aeruginosa (433/07) + F770/05
Pseudomonas aeruginosa (433/07) + F770/05 + F510/08
Pseudomonas aeruginosa (433/07) + cocktail

FIG. 5

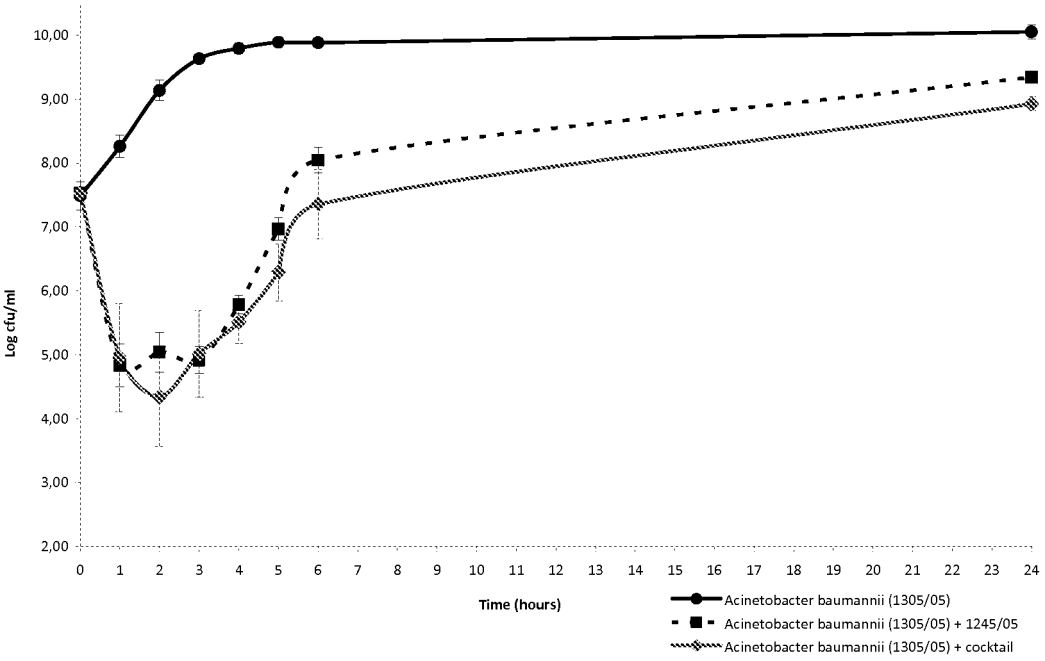

10,00
9,00
8,00
7,00
6,00
5,00
4,00
3,00
2,00
Log cfu/ml
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Time (hours)
Acinetobacter baumannii (1305/05)
Acinetobacter baumannii (1305/05) + 1245/05
Acinetobacter baumannii (1305/05) + cocktail

FIG. 6

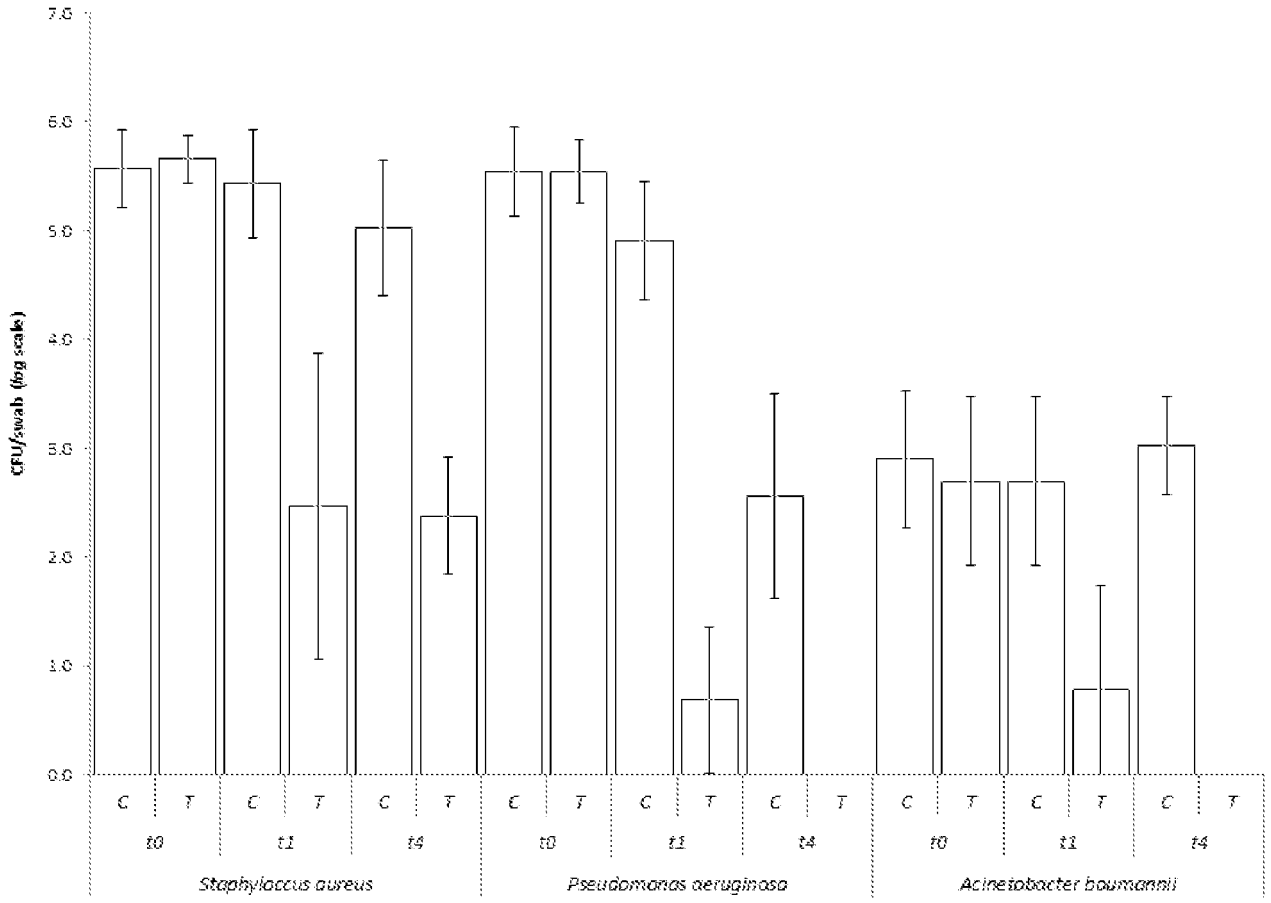

CFU/swab (log scale)
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
C
T
t0
t1
t4
Staphylococcus aureus
Pseudomonas aeruginosa
Acinetobacter baumannii

FIG. 7

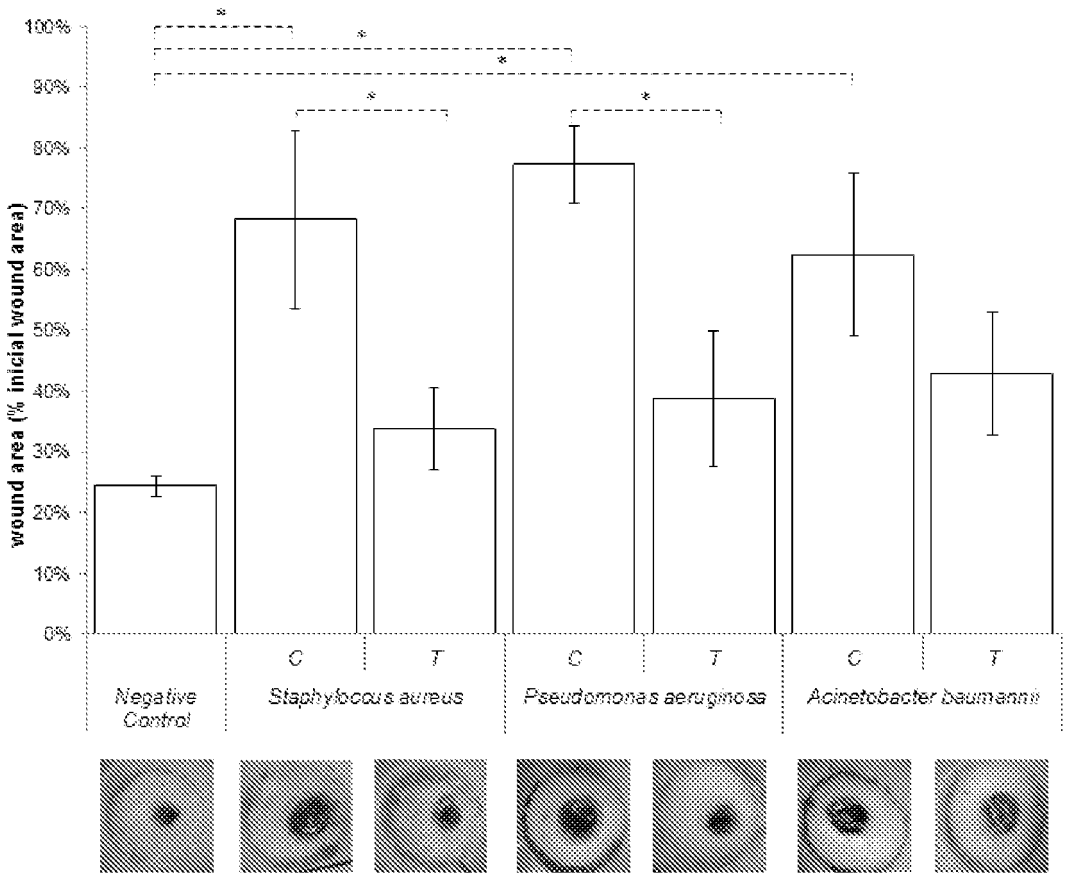

wound area (% inicial wound area)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
*
*
*
*
C
T
C
T
C
T
Negative Control
Staphylococus aureus
Pseudomonas aerugmosa
Acinetobacter baumanni

FIG. 8

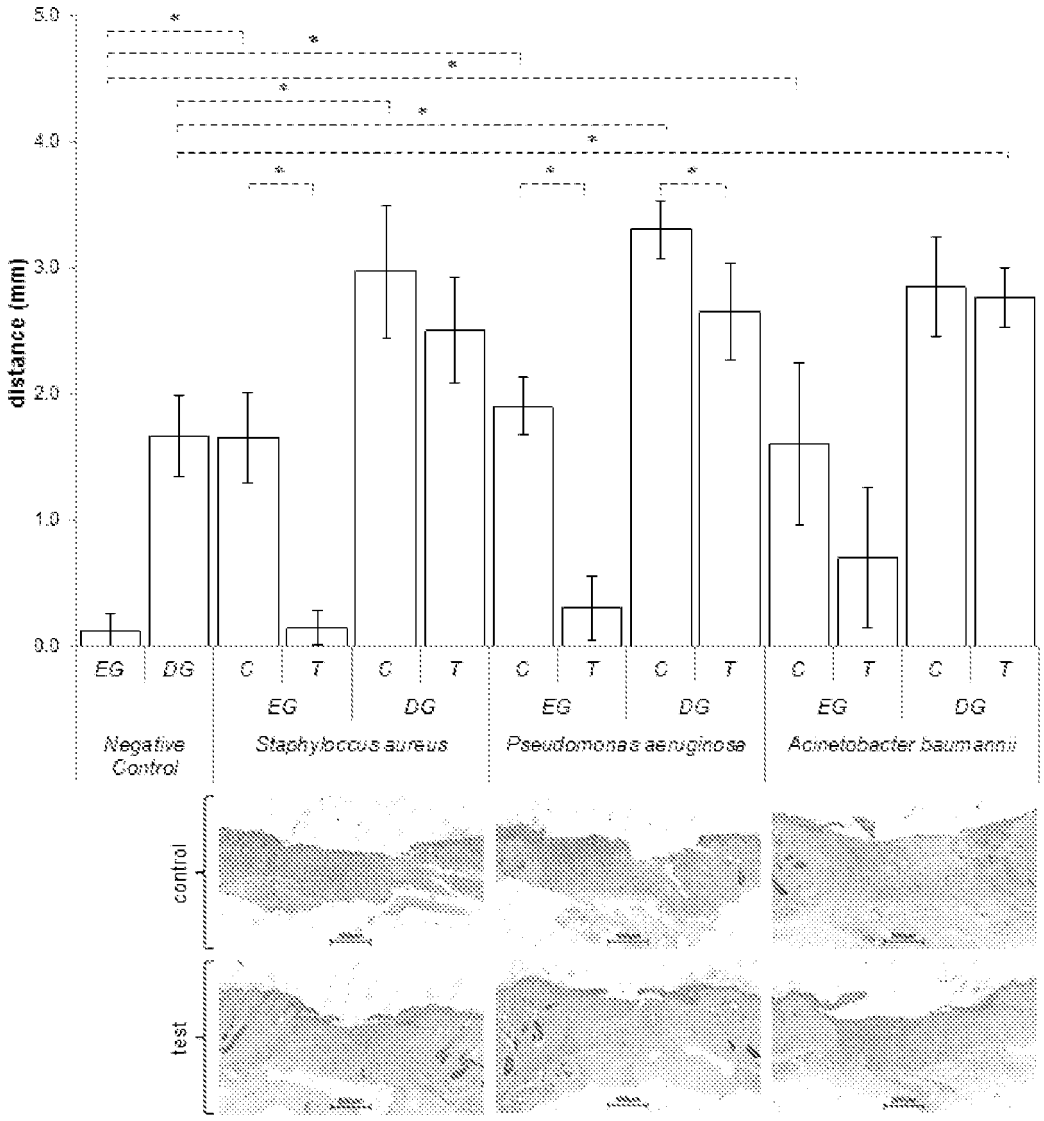

distance (mm)
5.0
4.0
3.0
2.0
1.0
0.0
EG
DG
C
T
Negative Control
Staphylococcus aureus
Pseudomonas aeruginosa
Acinetobacter baumannii
control
test

FIG. 9

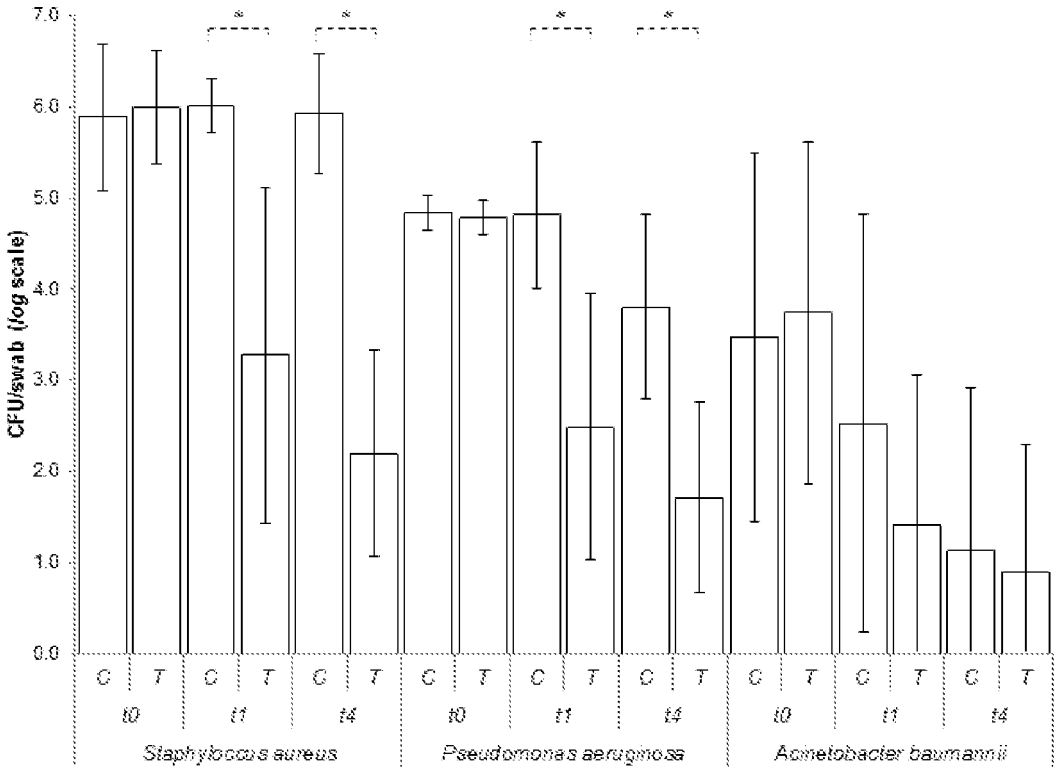

CFU/swab (log scale)
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
*
*
*
*
C
T
t0
t1
t4
Staphylococcus aureus
Pseudomonas aeruginosa
Acinetobacter baumannii

FIG. 10

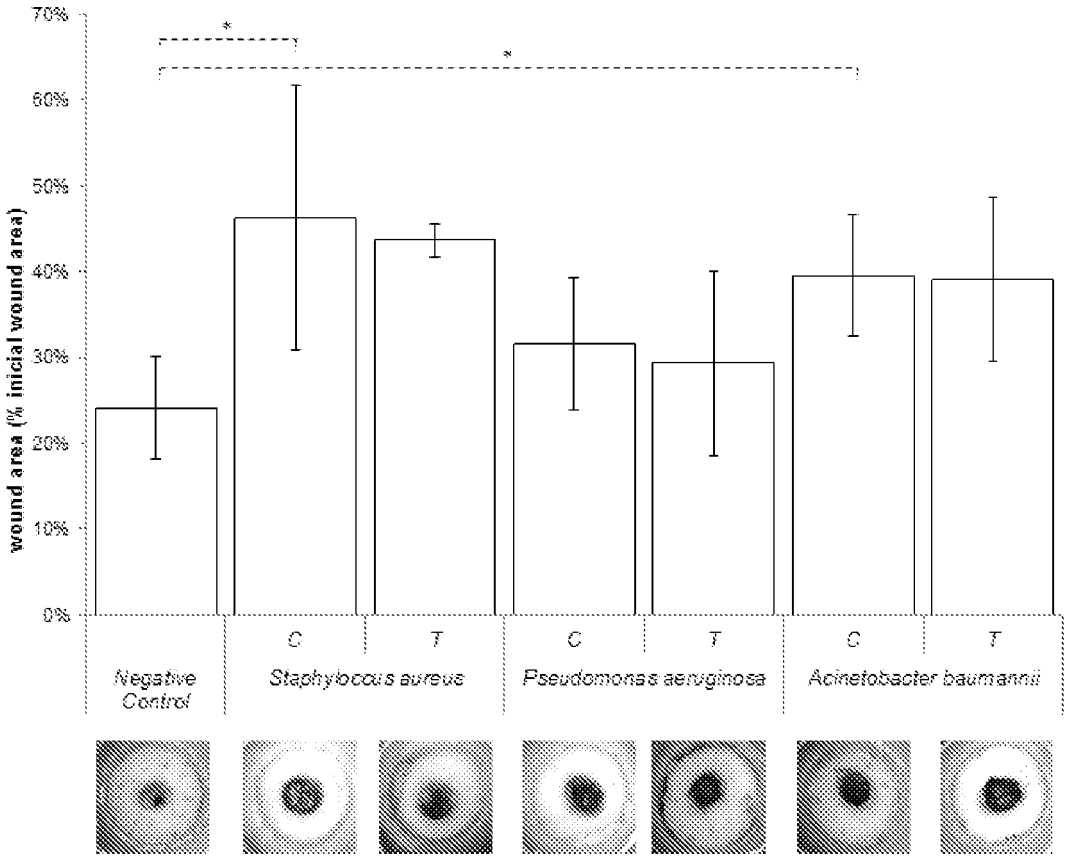

70%
60%
50%
40%
30%
20%
10%
0%
wound area (% inicial wound area)
*
*
C
T
C
T
C
T
Negative Control
Staphylococus aureus
Pseudomonas aeruginosa
Acinetobacter baumannii

FIG. 11

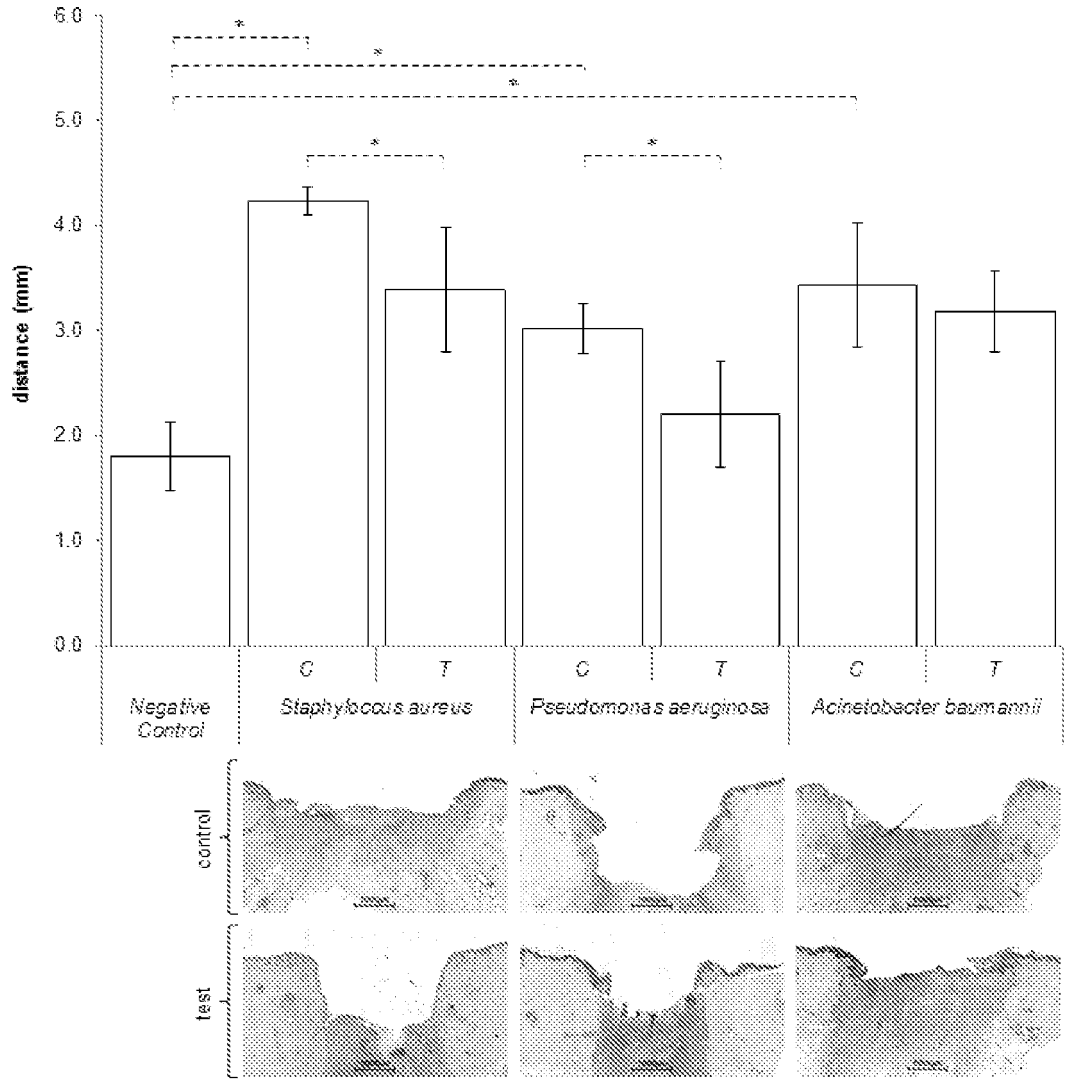

6.0
5.0
4.0
3.0
2.0
1.0
0.0
distance (mm)
*
*
*
*
*
C
T
C
T
C
T
Negative Control
Staphylococus aureus
Pseudomonas aeruginosa
Acinetobacter baumannii
control
test

FIG. 12

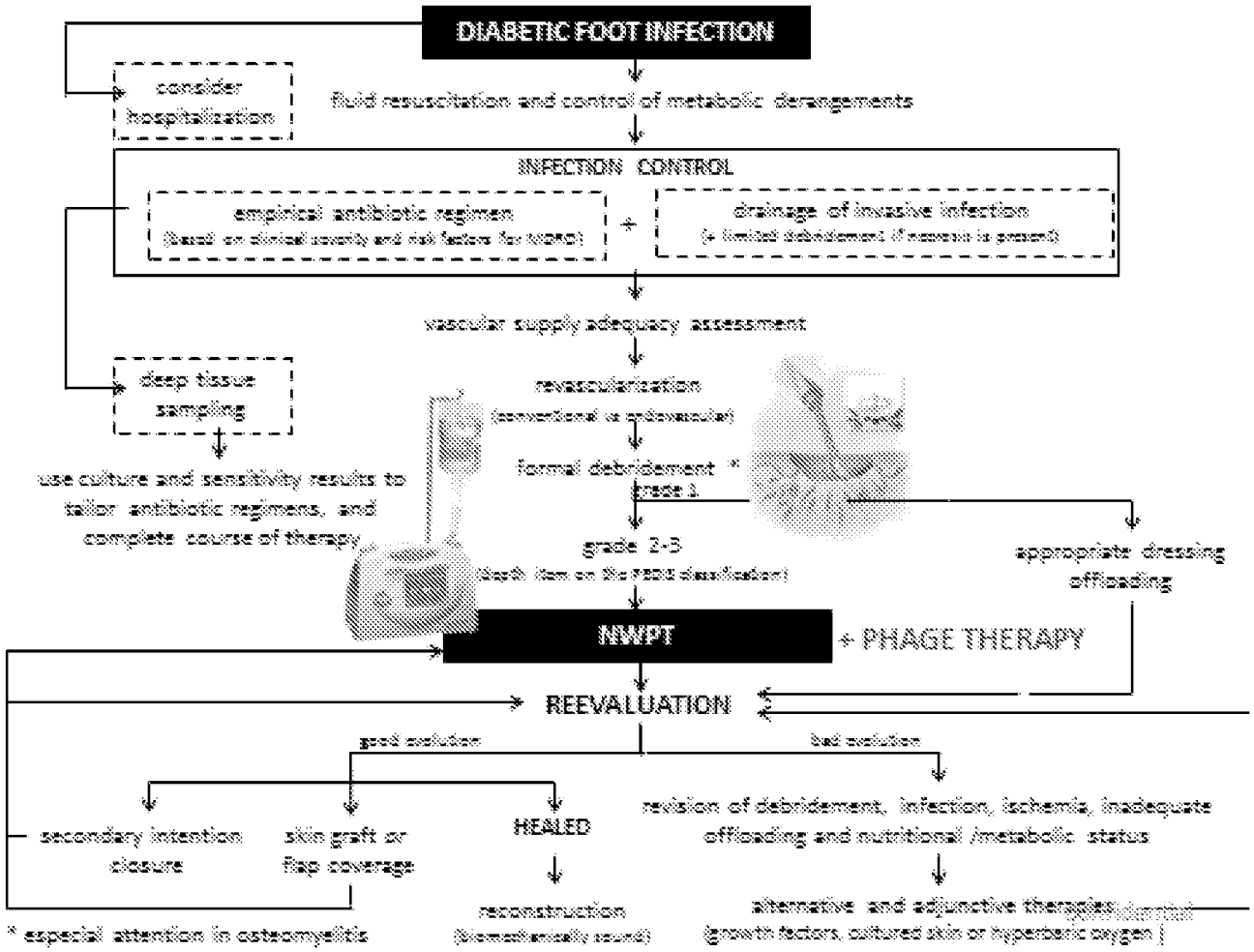
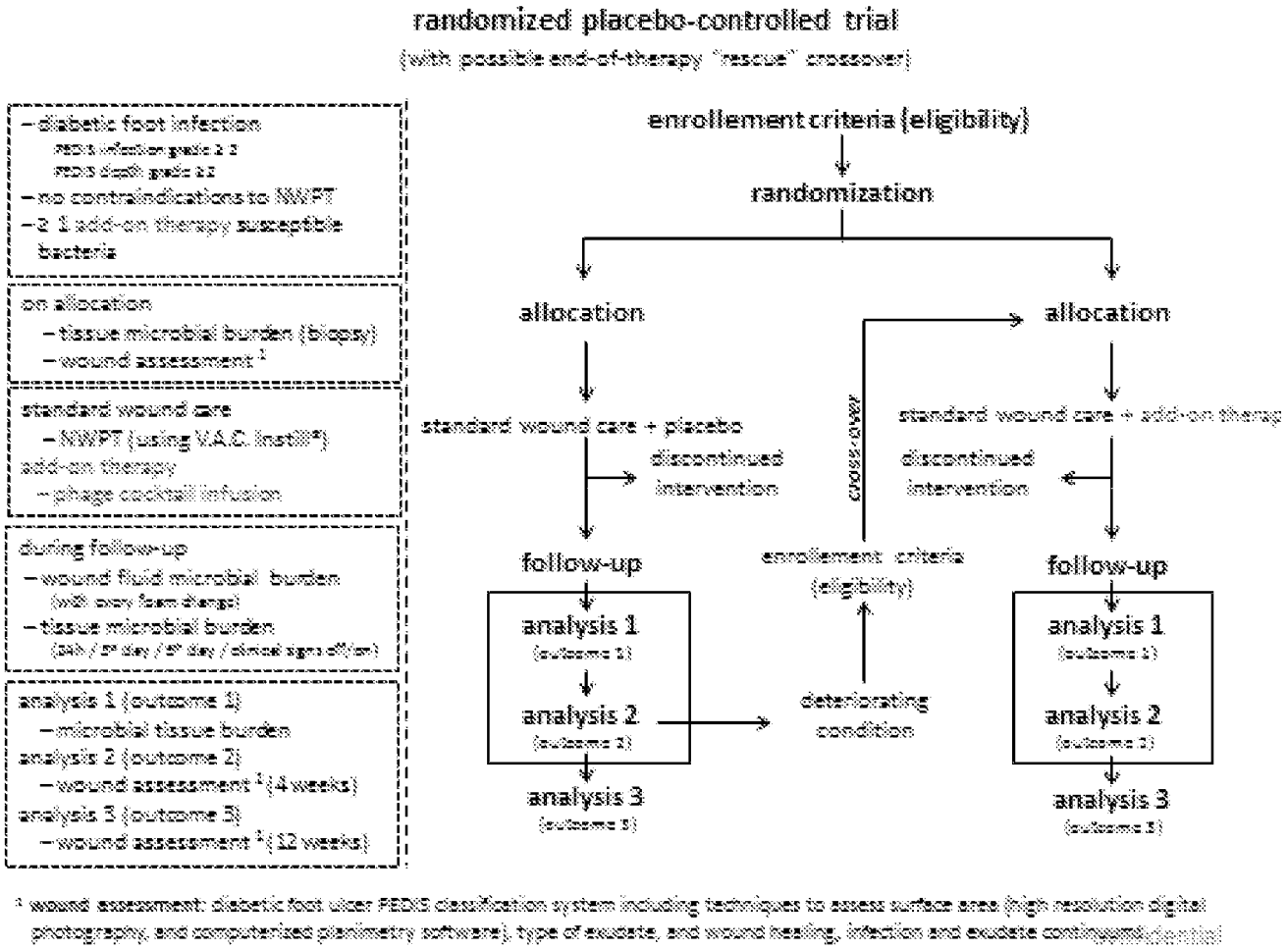

DIABETIC FOOT INFECTION
consider hospitalization
fluid resuscitation and control of metabolic derangements
INFECTION CONTROL
empirical antibiotic regimen
drainage of invasive infection
vascular supply adequacy assessment
deep tissue sampling
revascularization
use culture and sensitivity results to tailor antibiotic regimens, and complete course of therapy
formal debridement *
grade 2-3
appropriate dressing offloading
NWPT
+ PHAGE THERAPY
REEVALUATION
good evolution
bad evolution
secondary intention closure
skin graft or flap coverage
HEALED
revision of debridement, infection, ischemia, inadequate offloading and nutritional /metabolic status
reconstruction
alternative and adjunctive therapies
growth factors, cultured skin or hyperbaric oxygen)
* especial attention in osteomyelitis

FIG. 13



[1] wound assessment: diabetic foot ulcer PEDIS classification system including techniques to assess surface area (high resolution digital photography and computerized planimetry software), type of exudate, and wound healing, infection and exudate contingency control

FIG. 14