


Healing Wounds With Maggots

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Sept. 20, 2004 -- Chances are if you found maggots chowing down on a wound, you'd make a beeline to the closest hospital. But, it might surprise you to find the little buggers may be just what the doctor ordered.

New research published in the October issue of *Clinical Infectious Diseases* has found that maggots are useful in treating deep wounds without increasing the risk of further infection. Maggots work because they eat dead tissue (debridement) within the wound, which can promote infection. This treatment seems to help reduce the risk of infection after surgery because the larvae are thought to secrete substances that fight infection.

Old Remedy Gets New Look

Maggot debridement therapy (MDT) has been around since the 1920s as a treatment for bone and tissue infections, but a new wave of studies demonstrating its safety and benefits have prompted a surge of popularity.

MDT uses "sterile" larvae, *Phaenicia sericata*, which are placed on a person's wound twice a week and left there for 48 to 72 hours. The maggots only eat dead tissue, leaving live tissue intact.

There is some concern that disinfected larvae may cause or worsen a pre-existing infection in a wound.

Researchers Ronald A. Sherman and Kathleen J. Shimoda looked at the issue. Their study looked at whether maggot therapy given prior to surgical treatment of wounds would increase infection rates after surgery. They evaluated the safety and effectiveness of MDT performed on 143 patients between 1990 and 1995.

Their study shows that wounds debrided with maggots prior to surgery were less likely to develop an infection after surgery compared with wounds not treated with MDT.

Researchers looked at 25 wounds, 10 treated with maggot debridement therapy. None of the 10 wounds treated with MDT before surgery became infected. Almost a third (six out of 19) of the wounds not treated with MDT before surgery developed an infection after surgery. The surgical closure of these wounds also fell apart.

"Presurgical MDT effectively prepared the wound bed for surgical closure, without increased risk of post-surgical wound infection," the co-authors conclude in their report.

Pain at the wound site was the most common side effect.

