Bedsore revitalization by LLLT, low level laser (led- GaAl- as 660) therapy

Keywords
- Bedsore healing; Soft tissue healing; Decubitus ulcer healing; Low level laser; Wound healing

Background
In 1967 a few years after the first working laser was invented, Endre Mester in Semmelweis University Budapest, Hungary wanted to find out if laser might cause cancer. He took some mice, shaved the hair off their backs, divided them into two groups and gave a laser treatment with a low powered ruby laser to one group. They did not get cancer and to his surprise the hair on the treated group grew back more quickly than the untreated group. That was how “laser biostimulation” was discovered.

Purpose of the work
The effects of pulsed monochromatic light, with fixed pulsations and wavelengths, on the healing of pressure ulcers were evaluated in this prospective, randomized, controlled study.

Approach and methodology
A placebo-controlled, double-blind study using low energy photon therapy (LLLT) was performed in ten patients with bedsore on the back. Treatment was given three times a week for 10 weeks, using monochromatic (red) optical sources; diode 660nm (GaAl-660). The patients who were randomized to placebo treatment received sham therapy from an identical-appearing light source from the same delivery system.
Bedsore revitalization by LLLT, low level laser (LED-660) therapy

Results

Ten patients with 10 bedsore were randomized to receive LLLT or placebo therapy. At the conclusion of the study, the percentage of the initial ulcer area remaining unhealed in the LLLT and placebo groups was 24.4% and 84.7%, respectively (P = 0.0008). The decrease in ulcer area (compared to baseline) observed in the LLLT and placebo groups was 193.0 mm² and 14.7 mm², respectively (P = 0.0002).

One patient dropped out of the study, complaining of lack of treatment efficacy; he was found to be randomized to the placebo group. There were no adverse effects.

Conclusion

In this placebo-controlled, double-blind study LLLT was an effective modality for the treatment of bedsore which were resistant to conventional medical management.

The results are encouraging as pulsed monochromatic light increased healing rate and shortened healing time. This will positively affect the quality of life in elderly patients with pressure ulcers.

Acknowledgement

None.

Conflict of interest

None.

References


