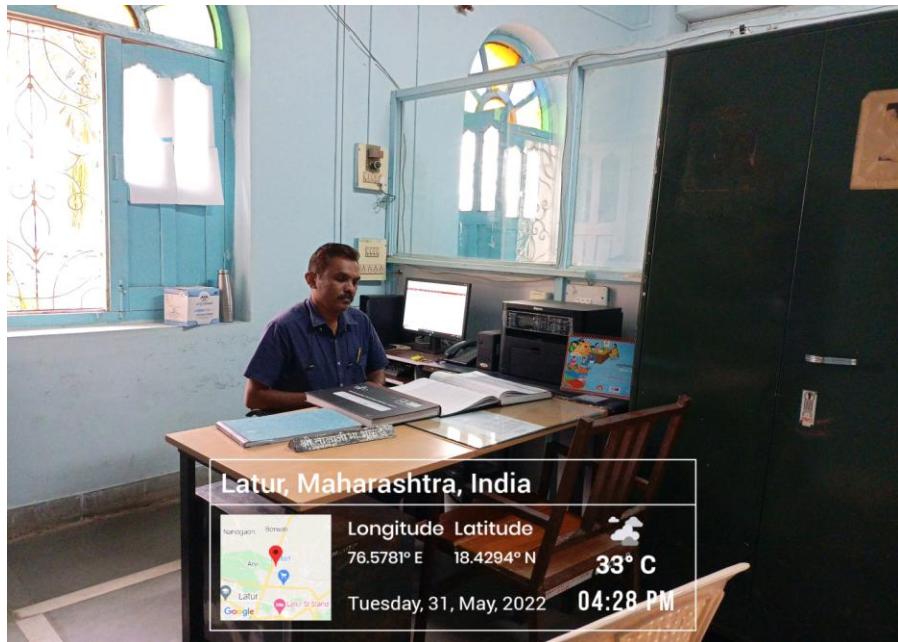
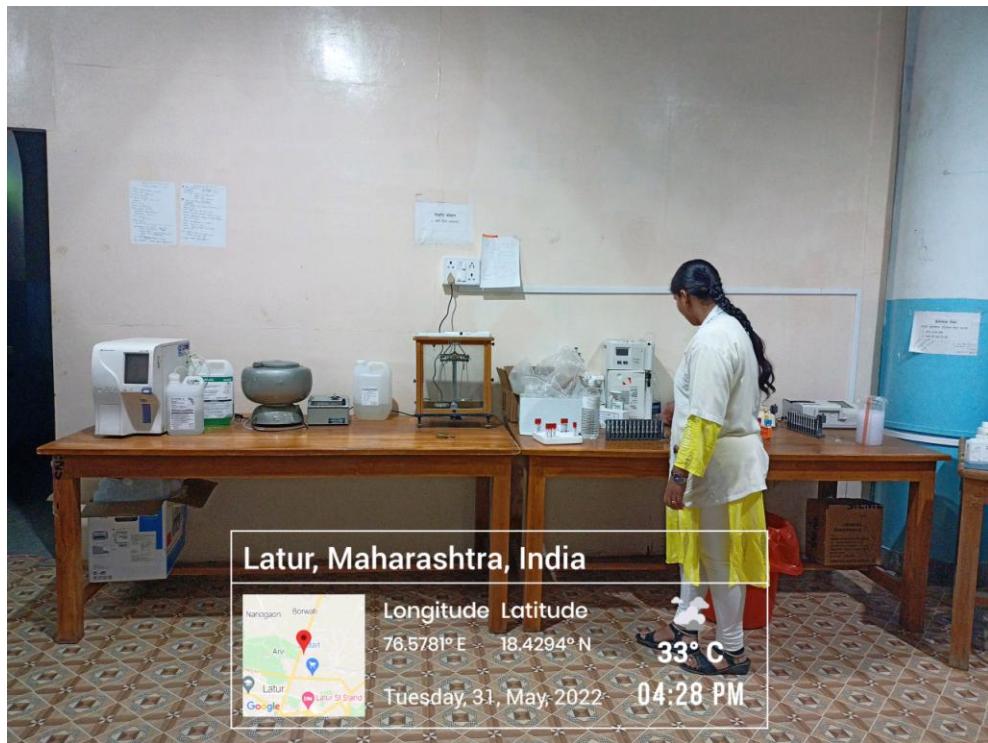


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1. A newer economical and effective product for the treatment of a variety of chronic wounds

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> *J Wound Care*. 2022 May 2;31(5):432-434. doi: 10.12968/jowc.2022.31.5.432.

Citric acid treatment of a diabetic leg ulcer infected with meticillin-resistant *Staphylococcus aureus*

Basavraj Nagoba ¹, Chandrashekhar Rawal ², Milind Davane ³

Affiliations

PMID: 35579314 DOI: [10.12968/jowc.2022.31.5.432](https://doi.org/10.12968/jowc.2022.31.5.432)

Abstract

Diabetic leg ulcers are difficult to manage. Infection by bacterial pathogens, such as meticillin-resistant *Staphylococcus aureus* (MRSA), is one of the most important reasons for non-healing of ulcers. If not treated in a timely manner, the ulceration may progress to septicaemia, amputation and even death. We report a successful treatment of a diabetic leg ulcer infected with MRSA, which was not responding to conventional antibiotic therapy and local wound care combined, with a local application of 3% citric acid ointment once daily for 30 days. The results indicated that its use may be a potential treatment in the management of hard-to-heal ulcers when all other options have been exhausted.

Keywords: MRSA; bacteria; chronic; citric acid; citric acid ointment; diabetes; diabetic leg ulcer; hard-to-heal; infection; leg ulcer; meticillin-resistant *Staphylococcus aureus*; ulcer; wound; wound care; wound healing.

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Volume 26 Number 3

Citric acid treatment of post-caesarean wound infections caused by multiple antibiotic-resistant *Staphylococcus aureus*

Basavraj S Nagoba, Chandrakala A Dawle (Patil), Milind S Davane and Jyoti A Dawle

Keywords *S. aureus*, Lower segment caesarean section, wound infections, citric acid.



AUTHOR(S)

REFERENCES

Abstract

Post-caesarean wound infections are difficult to manage, especially when they are caused by multiple antibiotic-resistant *Staphylococcus aureus*. An attempt was made to treat post-caesarean staphylococcal wound infections with topical application of citric acid. Twenty post-caesarean patients with wound infections caused by multiple antibiotic-resistant *S. aureus* were treated by application of 3% citric acid once daily. Wound dressing with citric acid ointment in 18 cases resulted in complete healing after 6 to 21 applications. Topical application of citric acid was found highly effective in the treatment of post-caesarean wound infections due to multiple antibiotic-resistant *S. aureus*.

Introduction

Lower segment caesarean section (LSCS) is the single greatest risk factor for postpartum infection in developing countries. Women undergoing LSCS have a five to 20-fold greater risk of infection and infectious morbidity. Infectious complications following LSCS are an important cause of maternal morbidity. Post-caesarean wound infection (wound dehiscence) is one of the most important and common complications. The worldwide rate of wound infections following LSCS ranges between 3% and 15%¹⁻³. However, the rate of infection in India ranges between 4% and 9%^{4,5}. Wound infections following LSCS are the leading causes of maternal morbidity, prolonged hospital stay and increased health care costs, and continues to be a common postoperative complication in both the developed and developing world⁶⁻⁸.

Post-caesarean wound infections are caused by *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Klebsiella* spp., *Proteus* spp., et cetera. Among these bacterial pathogens, *S. aureus* is the most common pathogen associated with post-caesarean wound infections. These infections are difficult to manage, especially when they are caused by multiple antibiotic-resistant strains of *S. aureus*^{7,9}.

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Review article

Treatment of skin and soft tissue infections caused by *Pseudomonas aeruginosa*—A review of our experiences with citric acid over the past 20 years

Basavraj Nagoba ^a Milind Davane ^a, Rajan Gandhi ^a, Bharat Wadher ^b, Namdev Suryawanshi ^c, Sohan Selkar ^d

^a MIMSR Medical College, Latur, India

^b RTM Nagpur University, Nagpur, India

^c Govt. Medical College, Latur, India

^d Ravi Nayar College of Physiotherapy, Sawangi Meghe Wardha, India

Received 7 March 2017, Revised 21 July 2017, Accepted 20 September 2017, Available online 21 September 2017, Version of Record 25 September 2017.



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Abstract

Multiple antibiotic resistant *Pseudomonas aeruginosa* is a significant cause of burn wound infections and, skin and soft tissue infections. Because of its resistance to commonly used antibiotics and antiseptics, there is a shortage of therapeutic options for effective treatment. The present review summarizes the use of citric acid as a most potential substitute for antiseptics to control pseudomonal wound infections and its role in the process of wound healing. The various studies show that citric acid can be used as one of the alternatives when infection is caused by multiple antibiotic resistant strains of *P. aeruginosa* not responding to conventional treatment modality. The results of various earlier studies show that when resistance to antibiotics and antiseptics is a matter of great concern, citric acid as one of the potential alternatives should always be kept in mind.



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Keywords

Pseudomonal wounds; Burns infections; Citric acid treatment; Antiseptics; Wound healing

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Using Topical Citric Acid to Treat an Infected Ulcerated Hemangioma in an Infant: A Case Study

Basavraj Nagoba ¹, Milind Davane ¹, Basavraj Warad ¹, Nawab Jamadar ¹, Ajay M Gavkare ¹

Affiliations

PMID: 33914691

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Abstract

Infantile hemangiomas (IHs) are the most common vascular abnormalities in children under 1 year old; most IHs involute spontaneously and do not need intervention unless a complication occurs. Ulceration and secondary infection are the most common complications. Despite appropriate conventional wound care, ulcerated IHs are difficult to heal. Although oral propranolol and topical timolol have been found to be effective in the treatment of ulcerated hemangiomas, they have been reported to have adverse effects and limitations. Citric acid has been used on pediatric patients without any reported adverse effects in the treatment of a variety of infected wounds refractory to conventional treatment modalities. Herein, the authors report the case of a large, ulcerated, infected hemangioma treated with topical application of citric acid ointment. Case Report. A 6-month-old otherwise healthy infant who had undergone previous, unsuccessful treatment of a large, ulcerated hemangioma infected with *Pseudomonas aeruginosa* was treated using topical application of 3% citric acid in a petroleum jelly base once daily for 24 days. Topical application of citric acid resulted in complete healing of the ulcer in 24 applications. Conclusions. The efficacy, ease of application, and absence of notable adverse effects of using citric acid suggest it may be an effective option for the treatment of hemangiomas in children.

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2. Isolation of *Streptococcus tigurinus* for the first time from the oral cavity of the patient of periodontitis

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FEMS Microbiol Lett. 2014 Aug;357(2):131-5. doi: 10.1111/1574-6968.12519. Epub 2014 Jul 10.

Isolation of *Streptococcus tigurinus* – a novel member of *Streptococcus mitis* group from a case of periodontitis

Shree V Dhotre ¹, Gajanan T Mehetre, Mahesh S Dharne, Namdev M Suryawanshi, Basavraj S Nagoba

Affiliations

PMID: 24974898 DOI: 10.1111/1574-6968.12519

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Abstract

Streptococcus tigurinus is a new member of the *Streptococcus viridians* group and is closely related to *Streptococcus mitis*, *Streptococcus pneumoniae*, *Streptococcus pseudopneumoniae*, *Streptococcus oralis*, and *Streptococcus infantis*. The type strain AZ_3a(T) of *S. tigurinus* was originally isolated from a patient with infective endocarditis. Accurate identification of *S. tigurinus* is facilitated only by newer molecular methods like 16S rRNA gene analysis. During the course of study on bacteraemia and infective endocarditis with reference to periodontitis and *viridians* group of streptococci, a strain of *S. tigurinus* isolated from subgingival plaque of a patient with periodontitis identified by 16S rRNA gene analysis, which was originally identified as *Streptococcus pluranimalium* by Vitek 2. Confirmation by 16S rRNA gene analysis showed 99.39% similarity (1476/1485 bp) with *S. tigurinus* AZ_3a(T) (AORU01000002). To the best of our knowledge, this is the first report of isolation of *S. tigurinus* from the oral cavity of a periodontitis patient.

Keywords: *Streptococcus tigurinus*; VGS; periodontitis.

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Shree V. Dhotre, Gajanan T. Mehetre, Mahesh S. Dharne, Namdev M. Suryawanshi, Basavraj S. Nagoba  Author Notes

FEMS Microbiology Letters, Volume 357, Issue 2, August 2014, Pages 131–135, <https://doi.org/10.1111/1574-6968.12519>

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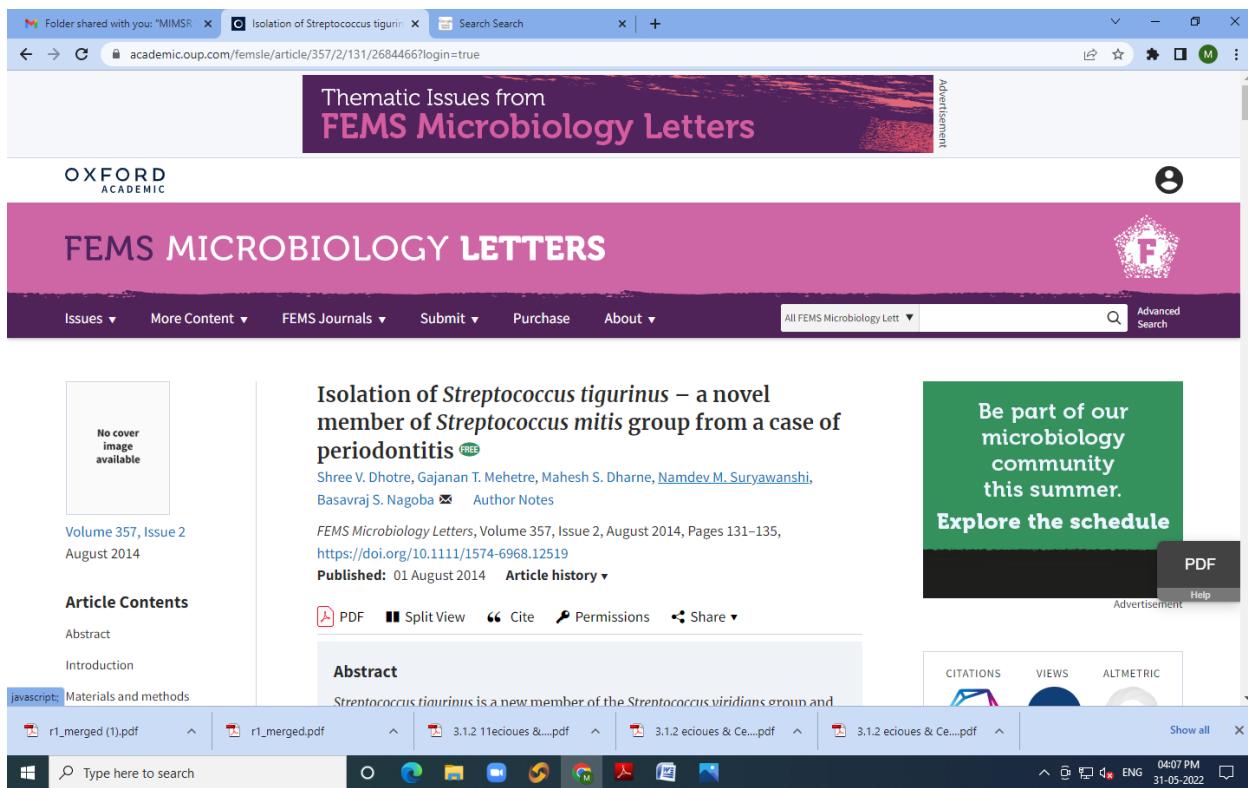
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3. A newer approach for the treatment of infected venous eczema

British Journal of Dermatology / Volume 186, Issue 2 / p. 377-379

Research letter

Citric acid treatment of infected venous eczema refractory to conventional treatment: a novel approach

B.S. Nagoba, A.S. Rayate, N.R. Patil, A.M. Gavkare, S. Chakote

First published: 05 October 2021

<https://doi.org/10.1111/bjd.20785>

 Email: dr_bsnagoba@yahoo.com

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Citric acid treatment of infected venous eczema refractory to conventional treatment: a novel approach

B S Nagoba ¹, A S Rayate ², N R Patil ³, A M Gavkare ⁴, S Chakote ⁵

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