MediWound

Clinical Experience with NexoBrid®

Burns and Other Traumatic Injuries

April 11, 2026

SAWC Symposium on Advanced Wound Care

NexoBrid®

(8.8% concentration)

Early, effective and selective non-surgical eschar removal for severe burns

Indication: Eschar removal in deep partial and full-thickness thermal burns in adults and pediatric patients

Target users: Hospitalized patients

Treatment: Single application for 4 hours

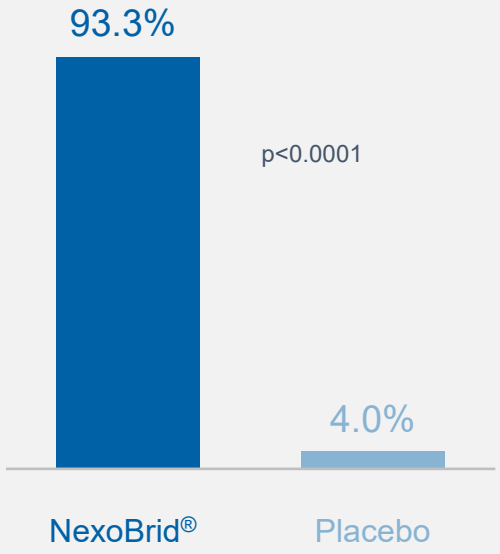
Proof of concept: Blast Injuries, Friction Burns (Road rash)

Planned studies: Retrospective and prospective studies in blast injuries and friction burns

Clinically Validated & commercialized	Approved in 40+ countries including US, EU, JP >16,000+ patients treated to date

NexoBrid - Phase 3 Demonstrated Superiority over SOC[1]

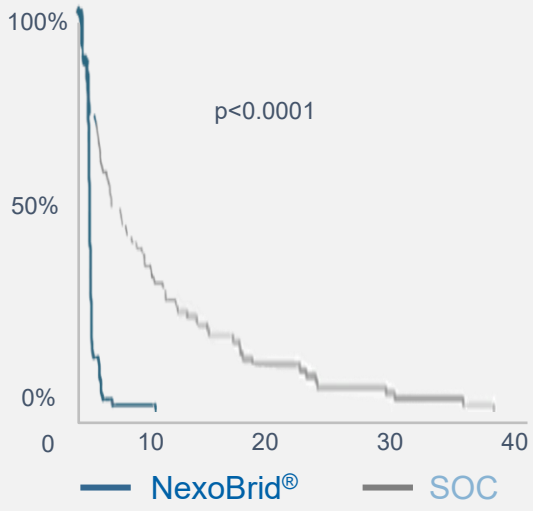
Incidence of complete eschar removal



[N=100 (75,25)]

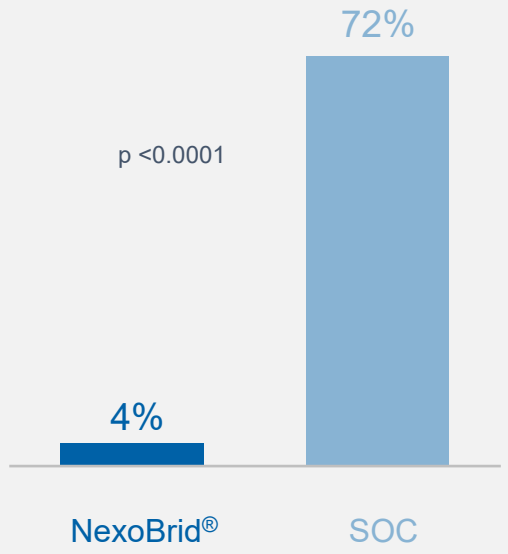
Time to complete eschar removal

(days)



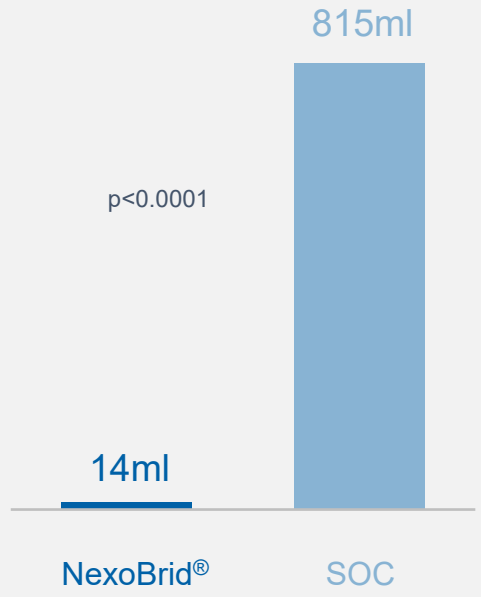
[N=150 (75,75)]

Incidence of surgical eschar removal



[N=150 (75,75)]

Blood loss



[N=150 (75,75)]

Safe and well-tolerated | Improved scarring and comparable wound closure | Consistent across various studies[2] and post-marketing data[3,4]

NexoBrid Selectivity

Pre-NXB

Post-NXB

NexoBrid - Burns

Patient: 18-years-old male
Clinical presentation: Full thickness flame burn
Treatment: Debridement with NexoBrid; allograft placed immediately and removed on Day 13

Pre-NXB

Post-NXB

Post-Soaking

12 Months

NexoBrid - Blast Injuries

Patient: 19-years-old male
Clinical presentation: SPT and DPT cutaneous secondary blast injury
Treatment: Debridement with NexoBrid

Pre-NXB

Post-NXB

NexoBrid - Complex Trauma

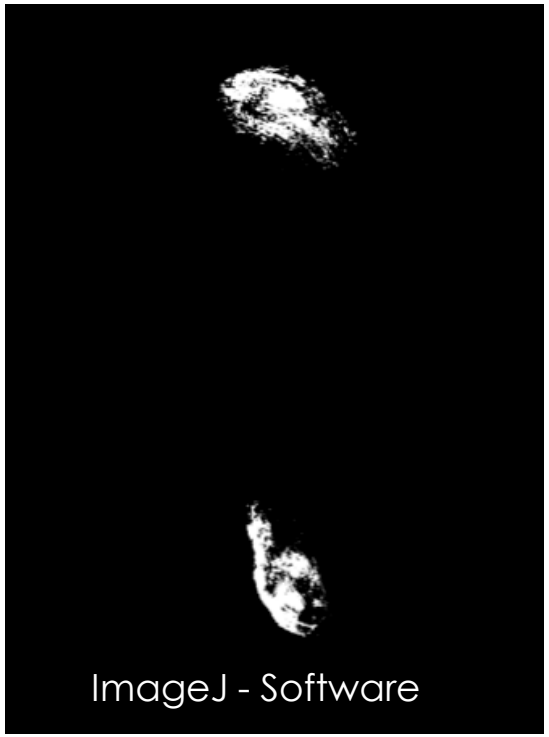
Patient: 20-year-old male
Clinical presentation: Complex Trauma - combined lacerations, fractures, shrapnel and deep burns
Treatment: Debridement with NexoBrid

Pre-NXB

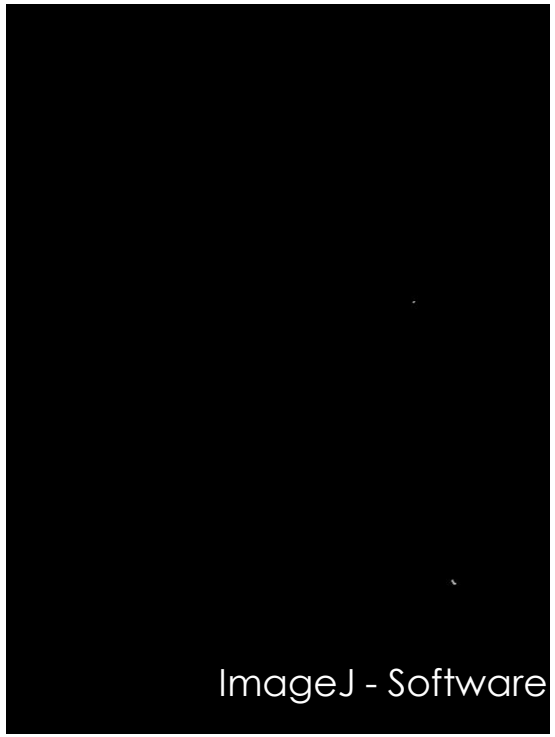
Post-NXB

NexoBrid - Road Rash

Patient: Pediatric female
Clinical presentation: Friction burn over medial aspect of left leg
Treatment: Debridement with NexoBrid



Pre-NXB



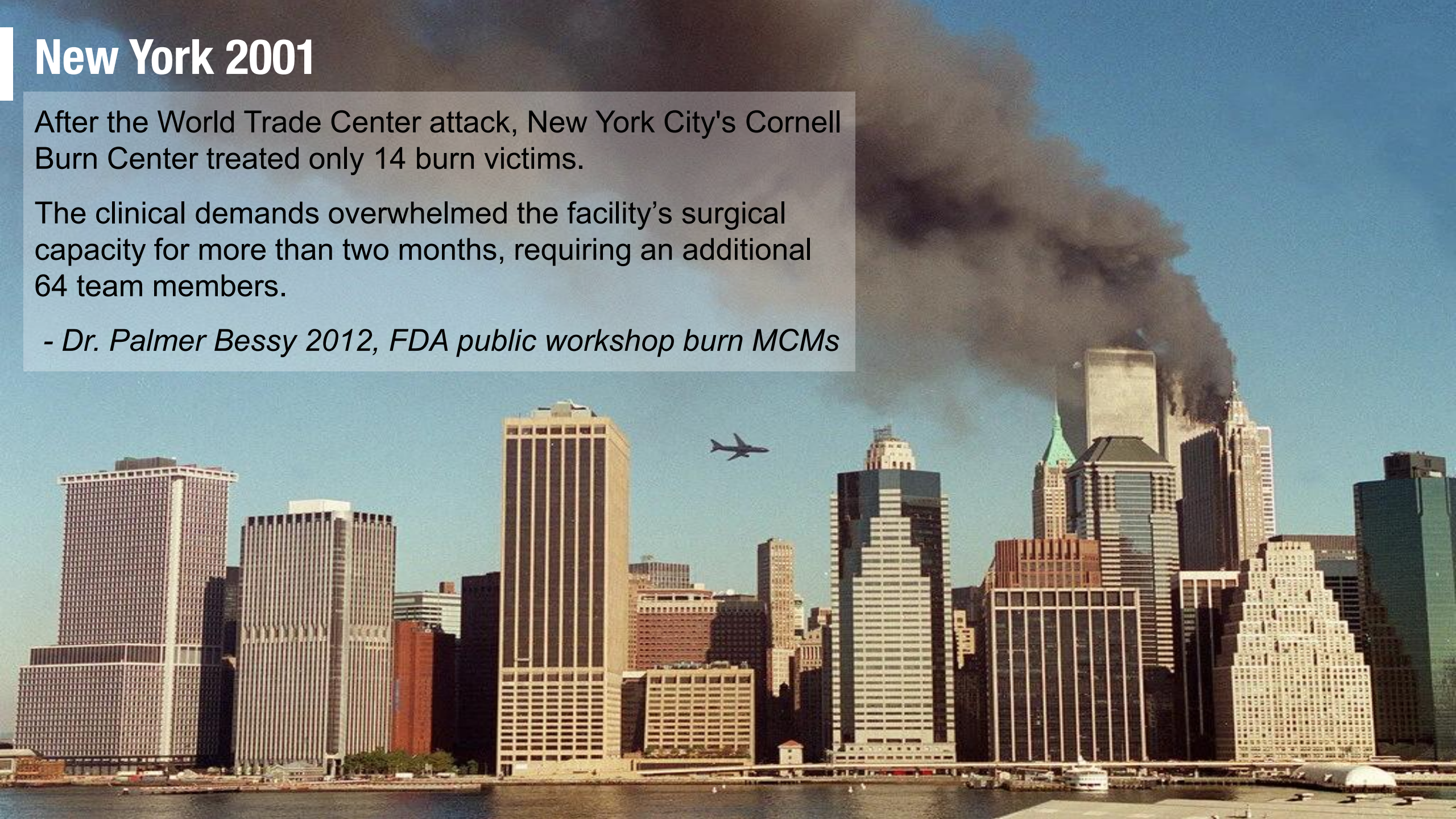
Post-NXB

New York 2001

After the World Trade Center attack, New York City's Cornell Burn Center treated only 14 burn victims.

The clinical demands overwhelmed the facility's surgical capacity for more than two months, requiring an additional 64 team members.

- Dr. Palmer Bessy 2012, FDA public workshop burn MCMs



Switzerland 2026

Within hours of the Crans-Montana fire, Switzerland's specialized burn units were overwhelmed, requiring international evacuation of severely burned patients and emergency use of NexoBrid.

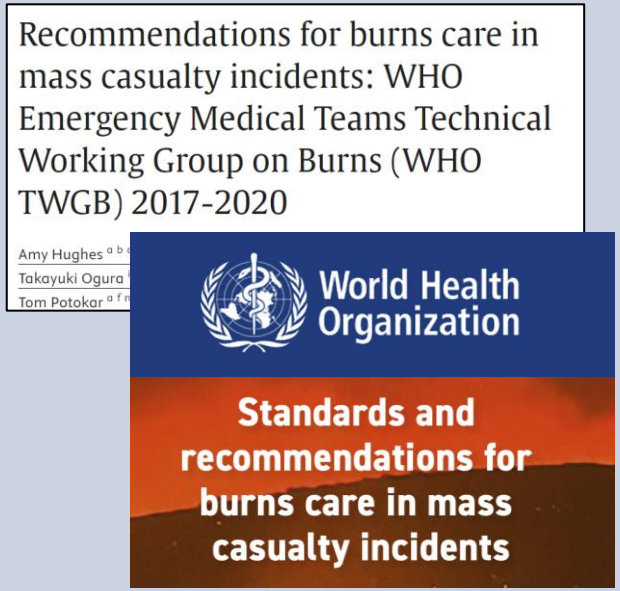
119 burn casualties.
80 of which treated with NexoBrid.

– Swiss hospital reports, 2026

National Stockpiling and Preparedness Programs

U.S.
BARDA

International
WHO BMCI framework



Europe
National consensus documents

Summary

BBD (Bromelain Based Debridement):

Precisely removes eschar while preserving viable tissue for optimal outcomes

Clinically proven for acute wounds:

- Burns
- Blast injuries
- Friction injuries/Road rash
- Complex trauma

Endorsed by international consensus guidelines

- Recognized as standard of care for eschar removal
- Included in BMCI preparedness protocols