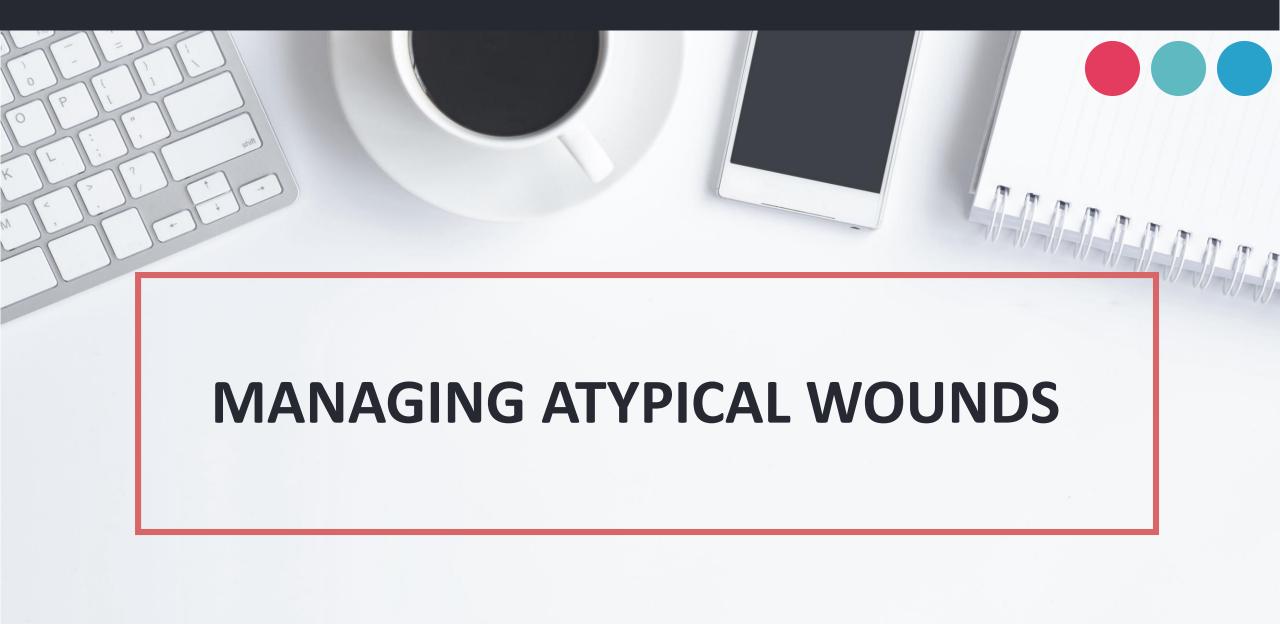
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NOVEMBER 6

MANAGING ATYPICAL WOUNDS











- Recognise when a wound does not fall into a typical wound category
- Understand wounds may not heal with dressings alone and may only be used to manage symptoms
- Understand the importance of onward referral for histology/investigation
- Recognise the need to work with various multi-professionals to manage symptoms as appropriate







- What makes a typical wound? Stages of wound healing!
- 20% of all chronic wounds are believed to be atypical
- 'An atypical wound can be suspected if the wound has an abnormal presentation or location, pain out of proportion to the size of the wound and does not heal within four to twelve weeks with a good treatment plan' (EWMA, 2019)





Self-harm



Picture ©DermnetNZ

- Incidence of deliberate self-harm is on the increase and ranges from minor superficial injuries to major trauma, such as genital selfmutilation and attempted suicide
- Individuals who self-harm tend to use more than one method over time
- Self-harm is an expression of emotional distress and can be seen as a distraction





Piercings/tattoos



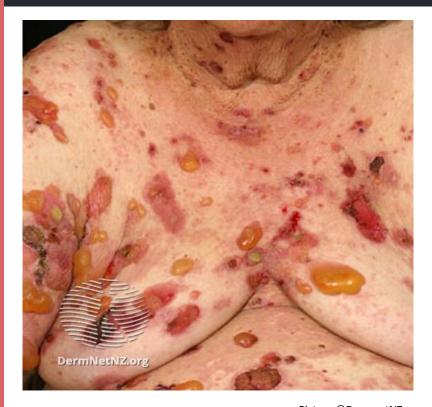
Picture ©DermnetNZ

- Having a tattoo can often lead to minor inflammation. However, depending on the circumstances, there may also be a risk of infections and other types of reaction
- If a reputable, clean, licensed tattooist, who uses ink that is not contaminated, the risk of infection is low
- However, remember that by the mechanism of tattooing, the skin barrier protection is broken opening individuals up to the risk of cellulitic infections





Bullous pemphigoid



Picture © DermnetNZ

- Rare autoimmune blistering disease. IgG autoantibodies bind to the skin's basement membrane in patients with pemphigoid disorders activating inflammatory mediators
- Autoantibodies attack the basement membrane causing subepidermal bullae







- Blistering due to excess oedema in the tissue
- Burns
- Skin reaction/bullous drug eruptions
- Bites
- Friction







- Herpes simplex/zoster
- Malignancy
- Bullous eruption of systemic lupus erythematosus
- Orf







- Individualised treatment regimens to the patient
- Reduce blister formation and determine the minimal dose of medication necessary to control the disease process
- Promote healing of blisters and lesions
- Monitor patient progress until they are in remission, especially monitoring for signs of infection







- Topical steroids and systemic anti-inflammatory medications
- Moist wound healing with silicone dressings to minimise further trauma on removal (e.g. Kliniderm® foam silicone)





Pyoderma gangrenosum



Picture ©DermnetNZ

- Rare autoimmune ulcerative skin condition of unknown aetiology. The name refers to ulcers with blue black edge, which progressively worsen
- Approximately half the people with PG have an underlying systemic disease, such as ulcerative colitis, Crohn's disease, chronic active hepatitis and rheumatoid arthritis
- Also consider first-degree relative with PG







- Vasculitis
- Venous leg ulceration
- Malignancies
- Surgical site infection (SSI)
- Non healing trauma wound
- Infections parasitic, bacterial, viral tropical mycoses, Orf





- Correct diagnosis specialist involvement
- Immunomodulatory therapy and/or immunosuppressant therapies
- Topical therapy
- Systemic therapy pain!
- Wound therapy? Antimicrobials





Hidradenitis suppurativa



Picture ©DermnetNZ

- An inflammatory disease which primarily affects the hair follicles of apocrine gland bearing skin with recurrent lesions
- The lesions consist of inflamed and noninflamed nodules, abscesses and draining or non-draining tunnels
- In later stages of the disease, scarring is prominent







- Chronic lesions characterised by a mix of inflammation and tissue damage in the form of scars, tunnels and occasionally hypertrophic granulation tissue
- Aetiology of HS largely unknown
- Chronic lesions in the later stage of the disease contain neutrophils and mast cells seen within surrounding tunnels containing an abundant biofilm







- Multimodal, consisting of lifestyle changes and interventions there is no cure
- Aim of medical treatment is to reduce disease progression and inflammation, thereby reducing pain and suppuration over time
- Challenging anatomically as usually occurs in peri-genital skin and axillae





- Dressing selection needs to consider:
 - Absorbency
 - Anti-odour ability
 - Wearer comfort soft and conformable
 - Silicone-based contact layer to prevent pain on removal (e.g. Kliniderm foam silicone)
 - Cost-effective products, as dressing changes may be frequent or performed by the patient





Calciphylaxis



Picture ©DermnetNZ

- Rare debilitating condition in which calcification of small and medium sized arteries (most commonly cutaneous and subcutaneous arterioles) occurs in patients with renal disease
- Calciphylaxis causes ischaemic necrosis of the dermis, subcutaneous tissue, muscle fascia and internal organs, leading to calcification of the soft tissues







- Necrotising fasciitis
- Pyoderma gangrenosum
- Bullous pemphigoid
- Vasculitis
- Lupus erythematosus
- Erythema nodosum
- Covid-19! (Rotman et al, 2020) but you could see both
- Consider pressure ulcers

Rotman J, Dean K, Magro C, Nuovo G, Bartolotta R (2020) Concomitant calciphylaxis and Covid-19 associated thrombotic retiform purpura. Skeletal radiology 49: 1879–84





- Wound treatment should be initiated and monitored carefully
- Prevent further calcification occurring in soft tissues
- Prevent further skin breakdown
- Minimise risk of infection
- Prepare the wound bed for healing or skin grafting
- Antimicrobial hydrogel dressings, silicone foam dressings
- Prevent further ischaemia with bandages that are too tight





Necrotising fasciitis



Picture ©DermnetNZ

- Soft tissue infection that progresses rapidly, threatens limbs, causes shock and can also result in death
- The infection is usually of polymicrobial aetiology and may occur following surgery
- It is a necrotising infection involving any layer of the deep soft tissue compartment





Necrotising fasciitis



Picture ©DermnetNZ

- Fournier's gangrene
- Often misdiagnosed as cellulitis, deep tissue thrombosis, or an abscess







- Cellulitis or erysipelas
- Erythema induratum
- Pyoderma gangrenosum
- Limb ischaemia, compartment syndrome
- Deep vein thrombosis (DVT) or thrombophlebitis
- Osteomyelitis with soft tissue involvement





- Early diagnosis is essential for treating NF effectively
- Exploratory surgery and surgical debridement
- Intravenous (IV) broad spectrum antibiotics at high doses
- Intensive care unit admission for haemodynamic stabilisation







- Preparation of the wound bed for healing and/or skin grafting
- Optimal wound healing is achieved with the use of advanced wound products that maintain a moist wound environment, absorb exudate, and minimise trauma on removal





Malignant wounds



Picture ©DermnetNZ

- Malignant wounds may be fungating or cutaneous
- The most common sites for malignant wounds include breast, neck, head and genitals
- Malignant wounds can include tumours that have fungated through the chest wall, for example, or be cancers, such as BCC, SCC or melanomas







- Leg ulcers/injuries
- Parasitic lesions
- Seborrheic keratoses
- Dermatofibroma
- Radiotherapy skin reaction





- Chemotherapy/radiotherapy/immunotherapy
- Manage the symptoms as they present these can change daily
- Thorough holistic assessment POSIES (pain, odour, skin infection, and self) (©Gardner and Taylor)
- Suitable wound dressings for the symptoms of the wound





Conclusion





- Early suspicion of an atypical wound and expert assessment is paramount in managing these complex wounds
- Watch and wait can have life-changing effects on how these types of wounds and skin presentations develop and progress
- Lack of consensus, evidence and guidelines make treating atypical wounds effectively very difficult





Conclusion





- Remember, full thorough holistic assessment to establish a clear clinical picture — don't just see the wound
- Lastly, dressings will not 'heal' the wounds, only manage the symptoms that these multi-system conditions present to us as clinicians







The Kliniderm range includes Kliniderm® foam silicone, Kliniderm® superabsorbent and Kliniderm® silicone wound contact layer.

www.kliniderm.co.uk





Kliniderm dressings^{1, 2}:

- Offer quality and savings without compromise
- Provide equal performance to market leading brands
- Offer a comfortable and gentle choice for patients



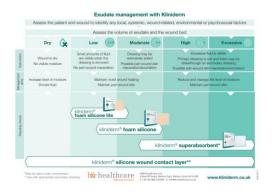
www.kliniderm.co.uk

^{1.} Stephens C (2020) A 60-patient observational evaluation of the clinical benefits and acceptance of a silicone foam dressing for formulary inclusion within 5 NHS sites in the UK. Wound UK, poster.

^{2.} Stephens C (2020) A 49-patient observational evaluation of the clinical benefits and acceptance of a superabsorbent within 5 NHS sites in the UK. Wound UK, poster



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