*Chronic Wounds could be due to 3 reasons: ① failed to proceed through the orderly process that produces both satisfactory anatomic and functional integrity ② Proceeded through but the outcome wasn't adequate ③ failed to heal within expected time

1- Ischemic Ulcers: associated symptoms: * intermittent claudication * night pain * rest pain * color changes

associated signs: * diminished or absent pulses * ↓ ankle brachial index (more evident in diabetic patients) * poor formation of granulation tissue * dryness of the skin * pallor * scaling * hair loss

- Wound characteristics: * shallow with smooth margins * pale base * smooth skin might be present

*Management: * revascularization by vascular bypass or angioplasty * if infected → antibiotics * when blood flow is established → debridement * Off loading technique * If diabetic → glycemic control * Avoiding Smoking

2- Venous Stasis Ulcers:

(Painless)

Failure of re-epithelialization despite the presence of adequate granulation tissue either in the deep or superficial circulation but more common in the deep

Most common sites:

At the gaiter area (medial aspect of the leg) above the medial malleolus

- Wound Characteristics: * shallow irregular margins * pigmented skin

*Sites: Hunterian, Dodd, Boyd Cockett

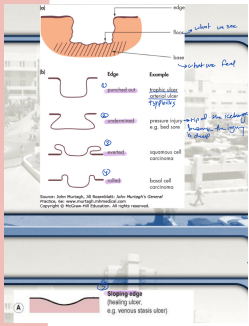
*Management: compression → ① preventing blood back flow ② ↓ release of inflammatory cytokines

3- Diabetic foot Ulcers:

Caused by uncontrolled DM → as a result of prolonged inflammatory phase → neuropathy and ↓ pain perception and nociception (don't feel small wounds) → damage of blood vessels → no adequate oxygenation causing chronic wounds

*Management < local ; systemic

① Adequate blood glucose levels
② Antibiotics if infected
③ Appropriate bandages
④ debridement
⑤ arterial revascularization
⑥ platelet-rich fibrin therapies

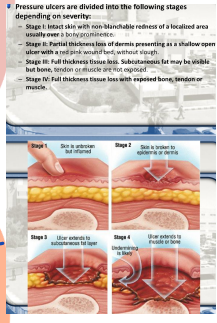


4- Pressure ulcers: localized necrosis + compression of soft tissue between a bony prominence and an external surface. accelerated by: friction, shear force, moisture

*Risk factors: * immobility * altered activity level * altered mental status * altered nutritional status * chronic conditions

*Sites: * Sacrum, * Coccyx, * heels or hips, elbows, knees, ankles, back of the cranium

*Management: Redistribution of pressure < Stage 1+2 => Day care settings ; Stage 3+4 => Surgery needed



*Transformation of chronic ulcers - if not treated - to marjoline ulcers that proceed into squamous carcinoma or basal (rarely)

*Preventions: by controlling DM, HTN, venous insufficiency and peripheral neuropathy