Chronic Wounds by Qadeem Salehmohamed EM R1 – Interior Site

Stages of wound healing include coagulation, inflammation, proliferation, and maturation. In chronic wounds, factors such as repetitive trauma, ischemia, or high bacterial burden cause dysregulation of the inflammation phase. This results in tissue breakdown and failure of healing.

In examining chronic wounds, one should describe the dimensions of the wound, including the depth in terms of tissue planes. One should describe the wound border, identifying surrounding cellulitis, undermining, macerated skin etc.

In describing the wound bed, identify granulation tissue, slough, and escar. Granulation tissue is pink, easily bleeding tissue. It typically represents well-healing tissue. Slough is adherent white-yellow tissue composed of cellular debris and neutrophils. Escar is black, leathery necrotic tissue.

General treatment principles for all wounds includes debridement of devitalized tissue, protection from trauma with dressings, and if infected, antibiotics targeted at a polymicrobial infection.

Common non-healing wounds:

1. Diabetic foot ulcers: treatment involves glycemic control and off-loading.
2. Venous stasis: treatment focuses on compression, elevation, and potential venous ablation if recurrent.
3. Arterial insufficiency: treatment relies on revascularization
4. Pressure ulcers: treatment focuses on mechanical offloading