# Types of skin wound

- Partial thickness wound •
- Full thickness wound •

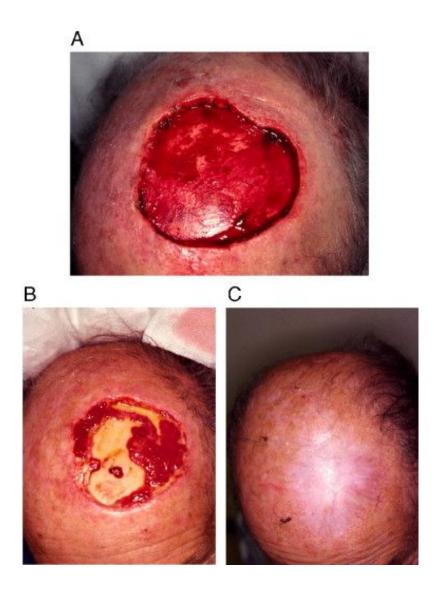
#### Partial thickness wound

- Involve epidermis and superficial dermis •
- Sparing adnexal structure: hair follicle, sweat gland, sebaceous gland
- Re- epithelialization from edge of wound and adnexal structure
- Complete healing with minimal or no scar •
- Pigmentary change may occur •



#### Full thickness wound

- Involve deep dermis •
- Adnexal structure destruction •
- Re- epithelialization only from epithelium margin
- Contraction facilitate re- epithelialization by bringing wound edge together
- Heal with scar •



#### Managing the acute wound

- Examine the patient as a whole •
- Stop bleeding •
- Adequate analgesia and anasthesia •
- Cleaning •
- **Exploration** •
- Debridement •
- Repair of structures •
- Replacement of loss tissue where indicated •
- Skin cover if required •
- Skin closure without tension •

# Chronic wounds (ulcer)

Break in epithelial continuity, prolong • inflamm. Phase lead to overgrowth of granualation tissue and attempt to heal by scar leave a fibrotic margin .Necrotic tissue at the center called debris

#### Aetiology of skin ulcer

- Venous •
- Arterial •
- Trauma •
- Chronic infection T.B, syphilis •
- Neoplastic squemous cell carcinoma sarcoma •
- . and basal cell carcinoma

### Diabetic ulcer





#### Basal cell carcinoma



#### Pressure sore

- Tissue necrosis with ulceration due to prolonged pressure (bed sore)
- High incidence in paraplegic patients •
- Commonest site (ischium ,trochentric ,sacrum ,heel , malleolus ,occiput)
- If pressure exceed capillary occlussive pressure 30 mm Hg lead to anoxia and necrosis and ulceration



#### Management of pressure sore

Prevention is the best treatment with good • skin care special pressure dispersion cushion or foam

Patient should turn every 2 hr •

Surgical management follows the same • principles involved in acute wound treatment Closure with flap •

# Type of scar

- Normal scar •
- normal wound healing process:
- Abnormal scar •
- Multiple disturbance in wound healing:
- process
- Excessive collagen production:
- Reduce collagen degradation:



# Types of abnormal scar

Atrophic: is pale, flat, and streched in • appearance often appearing on the back and area of tension it is easily traumatised

## Hypertrophic scar

- Linear, red, raised firm scar result from prolonged inflammatory phase of wound healing and unfavourable scar site (chest, ear lobe)
- Confined to the original injury site •
- Pruritic, but not pain or hyperesthesia •
- Common affect under constant pressure and stretching area
- Usually arise within 1 month of injury •

# Hypertrophic scar (cont.)

Spontaneous improvement during first 6 • month

#### Keloid

- Firm, irregularly shape •
- Thin epithelium •
- Caused by surgical procedure, burn, trauma, inflammation •
- Spread beyond the limit of original injury •
- .Appear within wk. or yr •
- Aetiology unknown but associated with eleveted growth factor, deeply pigmented skin inherted tendency, certain area in the body (danger traingle)
- Histology show hypervascularity and excess collagen but more in keloid

## Keloid (cont.)

- Persist over time •
- Early lesion: red, tender, rubbery, may be •
- telangiectatic
- Old lesion: brown, pruritic, pain, •
- hyperesthesia
- Varying in size and number •

#### **Treatment**

pressure:

Silicone gel sheeting

Intralesional steroid

Excision and steroid injection( high recurrence with excision

Excision and post-operative radiation

Intralesional excision (keloid only)

Laser

Vit. E



# Keloid





# Hypertrohic scar





#### Avoidable scarring

- good management of acute wound -1 •
- proper scrubbing or cleansing of the wound if a -2 dirt (tattooed scar)
- well recognition of normal landmark like lip -3 vermilion
- early removal of stitches -4 •
- tension free -5 •
- fine sutur material-6 •
- Subcuticular suturing •

# Thank you•