

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 •

A



B



C



Managing the acute wound

- Examine the patient as a whole •
- Stop bleeding •
- Adequate analgesia and anaesthesia •
- Cleaning •
- Exploration •
- Debridement •
- Repair of structures •
- Replacement of lost 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
granulation 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 squamous 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 occlusive 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 stretched 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 elevated growth factor ,deeply pigmented skin inherited tendency ,certain area in the body (danger triangle)
- 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



Hypertrophic 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•