



THE SRI LANKA JOURNAL OF DERMATOLOGY

*The official publication of the Sri Lanka
Association of Dermatologists*

Volume 7, 2003

Editor

S P W Kumarasinghe
MBBS, MD, FCCP, FAMS

Editorial Board

Lakshman Ranasinghe
MBBS, DCH, FRCP, FCCP, FCGP

D N Atukorala
MBBS, Dip Derm, FRCP, FCCP, FCGP

W D H Perera
MBBS, FRCP, FCCP, FCGP

G M P Sirimanna
MBBS, MD, FRCP

Manel Dissanayake
MBBS, MD

Jayamini Seneviratne
MBBS, MD

Address for correspondence

The Editor
Sri Lanka Journal Dermatology
Wijerama House
6, Wijerama Mawatha
Colombo 7
Sri Lanka

Editorial

Dermatologist's role in wound care

Sri Lanka Journal of Dermatology, 2003, 7, 1-2

An external injury to the skin or a breach in the integument is an essential aspect of any ulcer whether it is caused by external factors or internal factors. Mechanisms of injury of skin, mechanisms of repair, common and uncommon causes of chronic ulcers, factors which delay or retard the healing process; all come within the purview of dermatology. A thorough knowledge of skin physiology and skin pathology often helps the dermatologist to make the correct diagnosis. However, comprehensive care of chronic ulcers need a multidisciplinary approach; with a concerted effort by the dermatologists, vascular surgeons, physicians, plastic surgeons, podiatrists and wound care nurses. Public education on basic care of the wounds as well as primary prevention of wounds or prevention of recurrences in persons susceptible to chronic ulcers are also extremely important. A team approach with all the relevant medical personnel; with the patient or the care giver also working in harmony, towards 'the common goal of healing' would give the best results.

Many developments have taken place in understanding the wound healing process in the last several decades and this knowledge has translated to better wound care strategies and better wound dressings¹⁻¹⁶. Proper care of wounds can save millions of rupees for the patients, society and the country as a whole. Occasionally, inappropriate wound care may lead to death, especially in the diabetics.

Management of chronic wounds has not received the attention it should in this country¹⁷. Training the clinicians and nurses on good wound care practices is an essential aspect of improving the standard of wound care. Cost of sophisticated dressings has been a serious impediment in optimal wound care in developing countries. Cost-effective protocols should be devised to suit the availability of resources in a given setting. Surgical intervention should be sought after appropriate investigations, where indicated.

In the primary diagnosis of chronic ulcers, the dermatologist's skills are very useful, especially in identifying uncommon (e.g. pyoderma gangrenosum, vasculitic ulcers, chromoblastomycosis, basal cell carcinoma, cutaneous leishmaniasis) as well as malignant causes (e.g. melanotic or amelanotic melanoma, Marjolin's ulcer). Diagnosis of conditions such as prolidase deficiency as a cause of chronic ulcers requires a knowledge of associated features¹⁸. A good working knowledge on lymphology, angiology and skin grafting techniques are also valuable in management of chronic ulcers. Allergy to topical antibiotics and antiseptics and irritation due to various dressings should be evaluated critically. Patch testing may be necessary in such cases. Dermatologists can also play a vital role in researching into artificial skin and bio engineered skin substitutes. The scope for research opportunities in wound healing, both at clinical level and in basic sciences is immense.

Dermatologists together with the other clinicians in the relevant fields should play an important role in improving wound care in Sri Lanka. Economic advantages of primary and secondary prevention of ulcers and their optimal management can be enormous.

S. Prasad W. Kumarasinghe

Editor

References

1. Wound Healing Institute. The Oxford European Wound Healing Course Handbook. 1st Ed. Positif Press, Oxford. 2002.
2. Ryan TJ. The management of leg ulcers. 2nd Ed. Oxford University Press, Oxford. 1987.
3. Ryan S, Perrier L, Sibbald RG. Searching for evidence-based medicine in wound care: an introduction. *Ostomy Wound Management* 2003; **49**: 67-75.
4. Choucair MM, Bello YM, Phillips TJ. Wound Dressings. In: Fitzpatrick's Dermatology in General Medicine 6th Ed. Fredberg IM, Eisen AZ, Wolff K, Austen KF, Goldsmith LA, Katz SI. Eds. McGraw Hill, New York 2003, 2544-49.
5. Ong CK, Ryan TJ. Healthy skin for all; a multifaceted approach. Oxford: International Foundation for Dermatology, 1998: 18-19.
6. Wisenbud D, Hunter H, Kessler L, Zulkowski K. Hydrogel wound dressings: where do we stand in 2003? *Ostomy Wound Management* 2003; **49**: 52-7.
7. Falanga V. Occlusive wound dressings: why, when, which? *Archives of Dermatology* 1988; **124**: 872-7.
8. Sundsberg J, Meller R. A retrospective review of the use of cadexomer iodine in the treatment of chronic wounds. *Wounds* 1997; **9**: 68-86.
9. Schultz GS, Sibbald RG, Falanga V, Ayello EA, Dowsett C, et al. Wound bed preparation: a systematic approach to wound management. *Wound Repair and Regeneration* 2003; **11** Suppl I: S1-S28.
10. Kanthraj GR, Srinivas CR, Shenoi S D, Suresh B, Ravikumar BC, et al. Wound measurement by computer aided design (CAD): a practical approach for software utility. *International Journal of Dermatology* 1998; **37**: 714-5.
11. Kannon GA. Moist wound healing with occlusive dressings: a clinical review. *Dermatologic Surgery* 1995; **21**: 583-90.
12. Moffatt CJ, McCullagh L, O'Connor T, Doherty DC, Hourican C, et al. Randomized trial of four layer and two layer bandage systems in the management of chronic venous ulceration. *Wound Repair and Regeneration* 2003; **11**: 166-71.
13. Bianchi L, Ginerbi A, Hagman JH, Francesconi F, Carboni I, et al. Local treatment of chronic cutaneous leg ulcers with recombinant human granulocyte - macrophage colony-stimulating factor. *Journal of European Academy of Dermatology and Venereology* 2002; **16**: 595-8.
14. Miraftab M, Qiao Q, Kennedy JF, Grocock MR, Anand SC. Advanced wound care materials: developing an alginate fibre containing branched ferulate. *Journal of Wound Care* 2002; **11**: 353-6.
15. Hanft JR, Surprenant MS. Healing of chronic foot ulcers in diabetic patients treated with a human fibroblast derived dermis. *Journal of Foot and Ankle Surgery* 2002; **41**: 291-9.
16. Abidia A, Laden G, Kuhan G, Johnson BF, Wilkinson AR, et al. The role of hyperbaric oxygen therapy in ischaemic diabetic lower extremity ulcers: a double blind randomized-controlled trial. *European Journal of Vascular and Endovascular Surgery* 2003; **25**: 513-8.
17. Kumarasinghe SPW, Ihalamulla IR, Karunaweera ND. A study of cutaneous myiasis in Sri Lanka. *International Journal of Dermatology* 2000; **39**: 689-94.
18. Kokturk A, Kaya TI, Ikizoglu G, Koca A. Prolidase deficiency *International Journal of Dermatology* 2002; **41**: 46-8.