



**Sinclair**  
DERMATOLOGY

# Wounds and investigations

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Sinclair Dermatology

# Wounds and investigations

- What is a typical wound?
  - Venous ulceration
  - Ischaemic Ulceration
  - Neuropathic Ulceration
- What is an atypical wound?
- What to do when you see one?

# Typical Ulcers

- Venous ulceration
  - Medial or lateral malleolus



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  - Arise in the context of venous insufficiency
    - Pitting oedema
    - Hyperpigmentation
    - Lipodermatosclerosis
    - White atrophy
    - Varicosities



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    - White atrophy
    - Varicosities
    - Islands of re-epithelialization



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    - Varicosities
    - Stasis dermatitis
    - Contact dermatitis



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  - Gangrene
  - Calciphylaxis



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  - Distal end-organ sites
  - Pressure site – eg bandages
  - Emboli
  - Gangrene
  - Calciphylaxis
- Neuropathic Ulcers
  - Weight bearing or pressure sites



# Atypical Wounds

- What is a typical Wound?
  - Venous ulceration
  - Ischaemic Ulceration
  - Neuropathic Ulceration
  - Decubitus Ulceration
- What is an atypical Wound? Everything else!
- What to do when you see one?

# Atypical Wounds

- Could this be a skin cancer?
- Could this be an Infection?
- Could this patient have an underlying illness

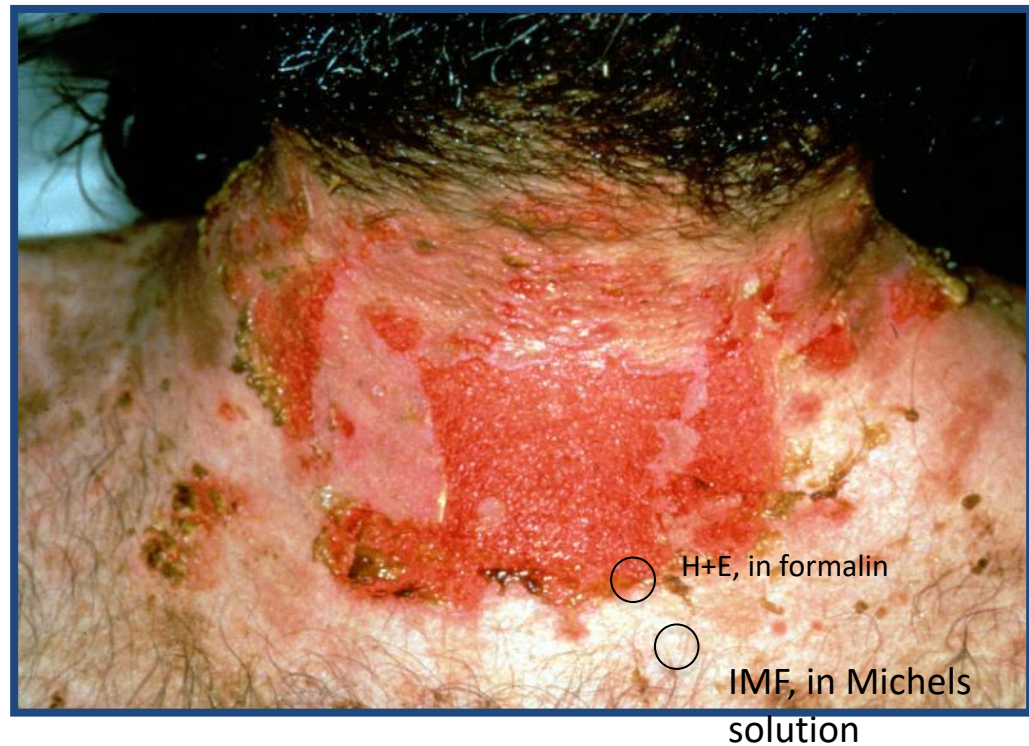
# Atypical Wounds

- Bullous Pemphigoid
  - Investigations: Punch bx x2
  - Serum antibody levels BP
  - +/- swab B C+S



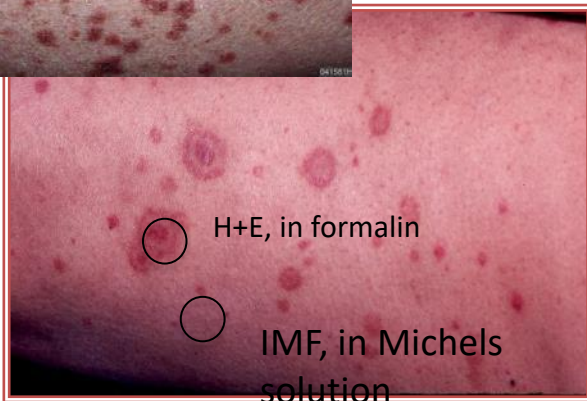
# Atypical Wounds

- Pemphigus



# Atypical Wounds

- Vasculitis
  - Hx: drugs, recent infections, haematuria
  - Assess urine dip, blood pressure
  - Biopsy
  - Bloods: FBC, UE, LFTs, +/- ANA, ENA, Hep B,C, HIV





# Classical Pyoderma gangrenosum



# Pyoderma gangrenosum

50% are idiopathic

50% have an associated disease

## Classic PG

- IBD (26.6%), - fecal calprotectin, history
- RA (14.1%), non-RA arthritis (4.7%), -serology (RF, ANA, anti-CCP, anti-DS DNA, ENA)
- Haematologic malignancy (10.9%) –FBC, blood film, LN exam

Zinc deficiency



# Atypical Wounds

- Necrotising fasciitis
  - Examine-> crepitis->refer to surgeons



SCC: Key features of hx: pain, rapid change (wks>mo), IS, Hx SC,



SCC ('Marjolin Ulcer')

# Atypical Wounds: investigations

- Take a swab
  - Bacteria
  - Viral
  - fungal
- Take a Biopsy
  - For routine histology (in formalin)
  - For microbiology (in gauze and saline)
  - For immunofluorescence (Michels medium)

