

# ATYPICAL WOUNDS

QURATULAIN MUGHAL  
DOCTOR OF PHYSICAL THERAPY  
IIRS  
BATCH IV

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# ATYPICAL WOUNDS

- \* “Wounds resulting from uncommon etiologies called *atypical wounds*.”

OR

- \* “Any wound that is not healing after 3 to 6 months of appropriate treatment should raise the consideration of an *atypical wounds*.”

# TYPES OF ATYPICAL WOUNDS

- \* Pressure ulcers due to prolonged pressure.
- \* Venous leg ulcers due to venous insufficiency.
- \* Diabetic foot ulcers due to complications of longstanding diabetes mellitus.
- \* Arterial ulcers due to poor vascular supply.

# EPIDEMIOLOGY

- \* They are less frequently encountered and less well understood.
- \* Their prevalence has not been studied extensively.
- \* But it is estimated that at least 10% of the more than 500,000 leg ulcers in the United States may be due to unusual causes.

# A WOUND SHOULD BE EVALUATED FOR AN ATYPICAL ETIOLOGY IF:

- \* It is present in a location different from that of a common chronic wound.
- \* Its appearance varies from that of a common chronic wound.
- \* It does not respond to conventional therapy.

# ETIOLOGIES OF ATYPICAL WOUNDS

Although not all-inclusive, this list presents some of the most commonly encountered etiologies for an atypical wound.

1. **Inflammatory causes**
2. **Infections**
3. **Vasculopathies**
4. **Metabolic and genetic causes**
5. **Malignancies**
6. **External causes**
7. **Drug-induced causes**

Tissue samples are mandatory for atypical wounds

# 1. INFLAMMATORY CAUSES

- \* Vasculitis
- \* Pyoderma gangrenosum (diagnostic test to confirm & Curative treatment does not exist).





# POTENTIAL ETIOLOGIES OF VASCULITIS



# DIAGNOSTIC TESTS FOR VASCULITIS

To  
determine  
the etiology  
of vasculitis.

To  
determine  
the extent  
of disease.

# VASCULITIS TREATMENT OPTIONS

Mild

- Leg elevation
- Compression dressings

Extensive  
or systemic

- Systemic steroids
- Plasmapheresis

## 2. INFECTIONS

- \* Atypical mycobacteria
- \* Buruli ulcer
- \* Deep fungal infections



- ↓
1. SPOROTRICHOSIS
  2. CHROMOBLASTOMYCOSIS
  3. PARACOCCIDIOIDOMYCOSIS
  4. MYCETOMA
  5. VIBRIO VULNIFICUS INFECTION
  6. NECROTIZING FASCIITIS

# Deep fungal infections



# PATIENTS AT RISK FOR NECROTIZING FASCIITIS

- \* Age 50 and older
- \* Alcoholism
- \* Malignancy
- \* Malnutrition
- \* Obesity
- \* Renal failure
- \* Smoking
- \* Diabetes mellitus
- \* HypertensionSurgery

# 3. VASCULOPATHIES

- \* Cryoglobulinemia
- \* Cryofibrinogenemia
- \* Antiphospholipid antibody syndrome



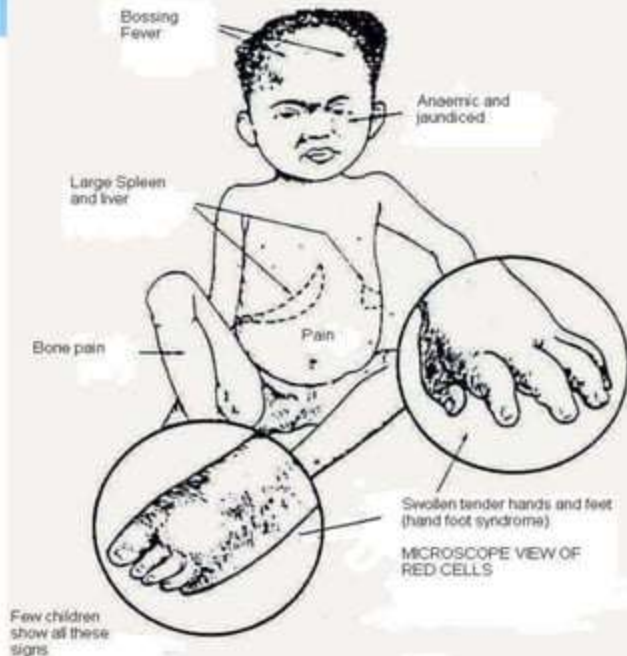
## 4. METABOLIC AND GENETIC CAUSES

- \* Calciphylaxis
- \* Sickle cell anemia



Figure 1: Showing skin lesion of Calciphylaxis-escher formationz.

### SICKLE CELL ANAEMIA





# CALCIPHYLAXIS TREATMENT

## MEDICAL TREATMENT

- \* Decreased calcium in dialysate
- \* Antibiotics
- \* Low phosphate diet
- \* Bisphosphonates
- \* Sodium thiosulfate
- \* Avoidance of challenging agents
- \* Avoidance of systemic steroids
- \* Anticoagulation

## SURGICAL TREATMENT

- \* Parathyroidectomy
- \* Wound care and debridement
- \* Amputation
- \* Renal transplantation
- \* Skin grafting using either autologous or tissue engineered skin

# 5. MALIGNANCIES

- \* Squamous cell carcinoma
- \* Basal cell carcinoma
- \* Lymphoma
- \* Kaposi's sarcoma



## 6. EXTERNAL CAUSES

- \* Burns
- \* Bites
- \* Stings
- \* Radiation
- \* Factitial dermatitis



# 7. DRUG-INDUCED CAUSES

- \* COUMADIN NECROSIS
- \* EXTRAVASATION



**Figure 1:** The lesion after intravenous immunoglobulin extravasation was covered by the eschar. It had pus and skin necrosis.

# TREATMENT

- \* Treat underlying disease
- \* Corticosteroid
- \* Immunosuppressant = Cyclosporine
- \* Systemic antibiotics
- \* Anaesthetic

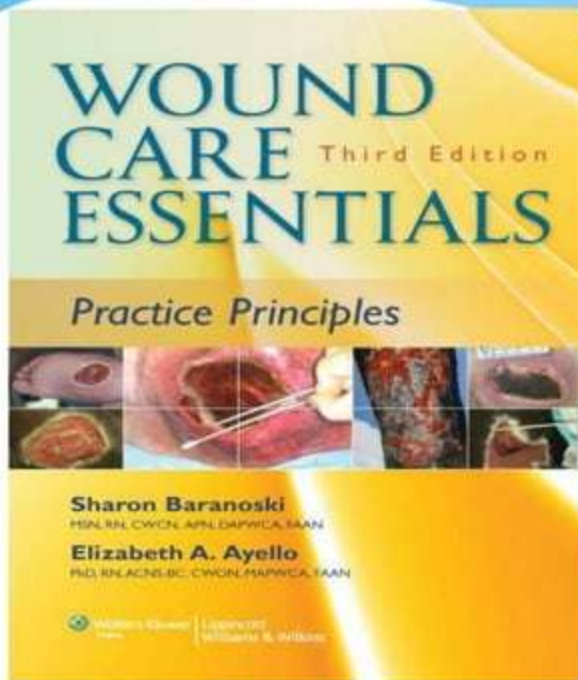
# WOUND MANAGEMENT

- \* Control pain
- \* Necrotic tissue
  - \* surgical debridement is contraindicated as it may result in even worse ulceration
- \* Avoidance of trauma at dressing removal
  - \* disturbance can generate an even greater inflammatory response and stimulate deterioration.

# WOUND MANAGEMENT

- \* Negative pressure therapy
  - \* may be used to assist debridement when the disease is stable
- \* Debridement and skin grafting
  - \* can be considered when condition is under controlled
  - \* surgery may reactive the disease

# REFERENCES







Thank  
You!