

SNS COLLEGE OF ALLIED HEALTH SCIENCE
Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai



DEPARTMENT OF PHYSICIAN ASSISTANT

COURSE NAME : SURGERY

UNIT : SKIN DISEASES

TOPICS : SKIN ULCER

FACULTY NAME : Ms. SINEKA M

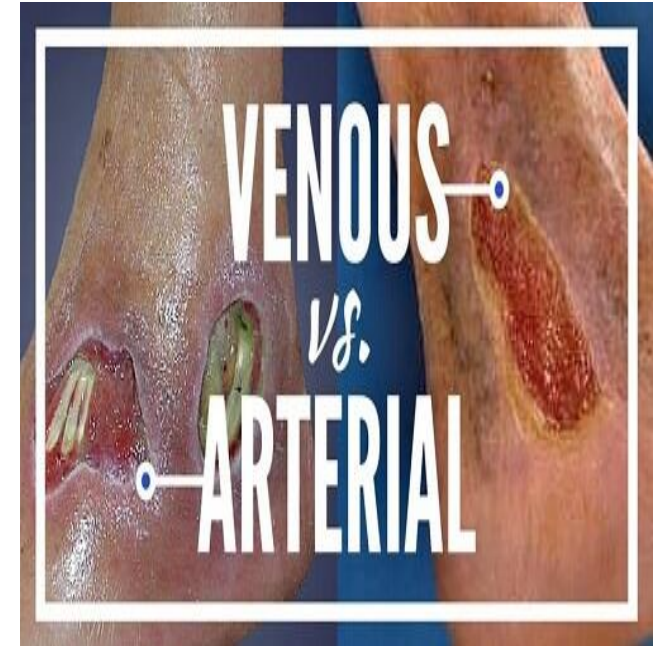
INTRODUCTION (Define)

- Skin ulcers are **open wounds or sores** on the skin or mucous membranes that fail to heal properly.
- Causes include poor circulation, pressure, trauma, and infections.



TYPES OF SKIN ULCERS

- **Venous Ulcers:** Caused by poor blood circulation in leg veins; usually affect between knee and ankle.
- **Arterial Ulcers:** Due to blocked arteries causing poor blood flow, also called ischemic ulcers.

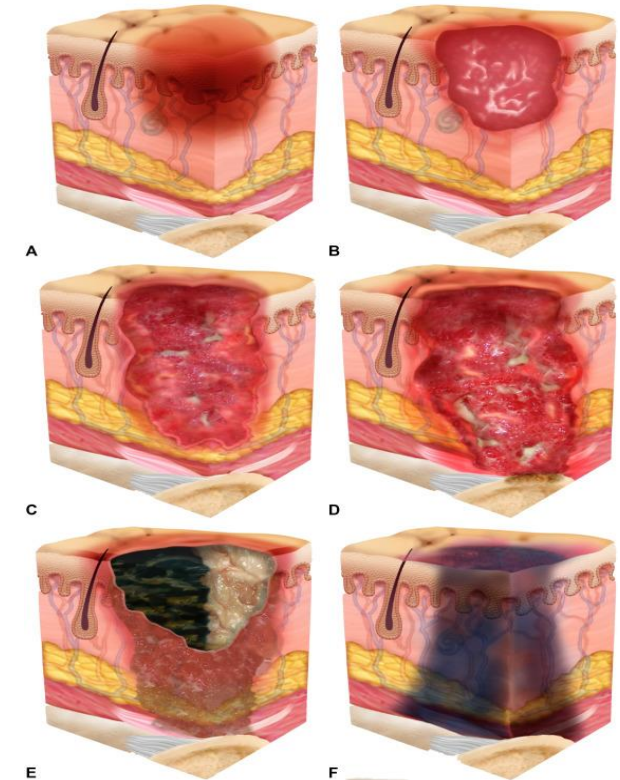


- **Neuropathic Ulcers:** Result from nerve damage or narrow arteries, often seen in diabetes (diabetic foot ulcers).
- **Decubitus Ulcers:** Also called pressure ulcers or pressure sores, caused by constant pressure or friction on skin.



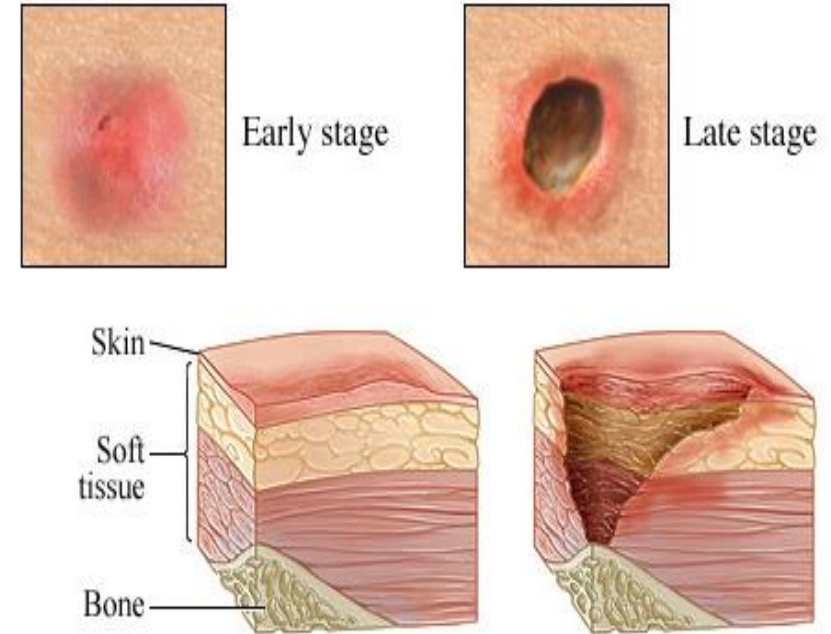
PATHOGENESIS

- **Ischemia:** Reduced blood flow leads to lack of oxygen and nutrients, impairing tissue healing.
- **Infection:** Ulcers can become infected, delaying healing and causing further damage.
- **Inflammation:** Chronic inflammation hinders tissue repair.



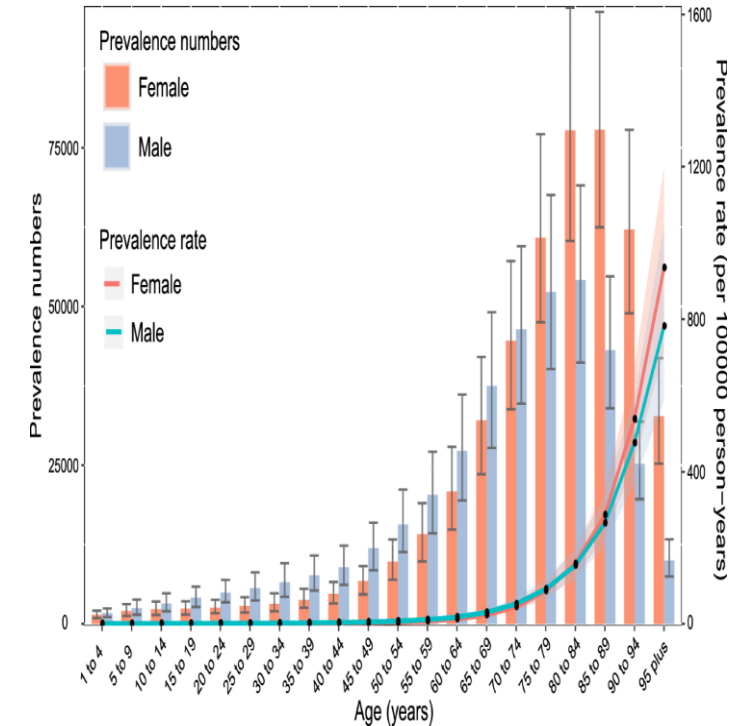
CAUSES

- Poor circulation from weakened veins.
- Reduced arterial blood flow (peripheral artery disease).
- Nerve damage and poor circulation in diabetes.
- Atherosclerosis.
- Prolonged pressure on skin.
- Physical injury.



EPIDEMIOLOGY

- Prevalence estimated at 1-3% of the general population.
- More common in people with diabetes, vascular disease, autoimmune disorders.
- Can lead to serious complications including infections, amputation, and death.



CLINICAL PRESENTATION

- Localized **pain** ranging from mild to severe.
- **Swelling** common in venous and diabetic ulcers.
- **Discharge** can be clear, pus-like, or foul-smelling if infected.
- **Redness** (erythema) and inflammation around ulcer margins.
- **Necrosis** (dead tissue) in severe cases.
- **Itching** or discomfort near the ulcer.
- Possible **bleeding** or oozing.



INVESTIGATIONS

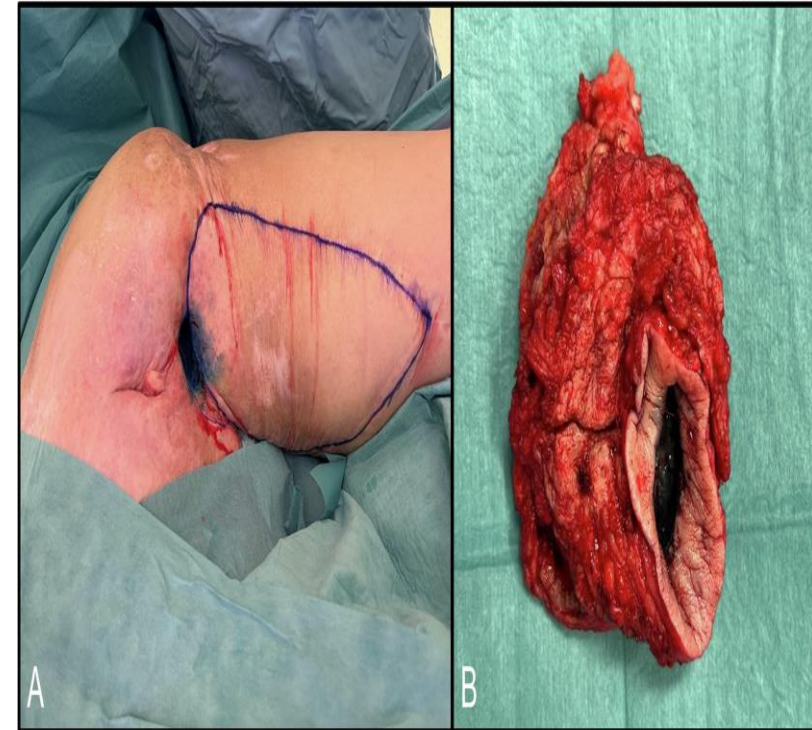
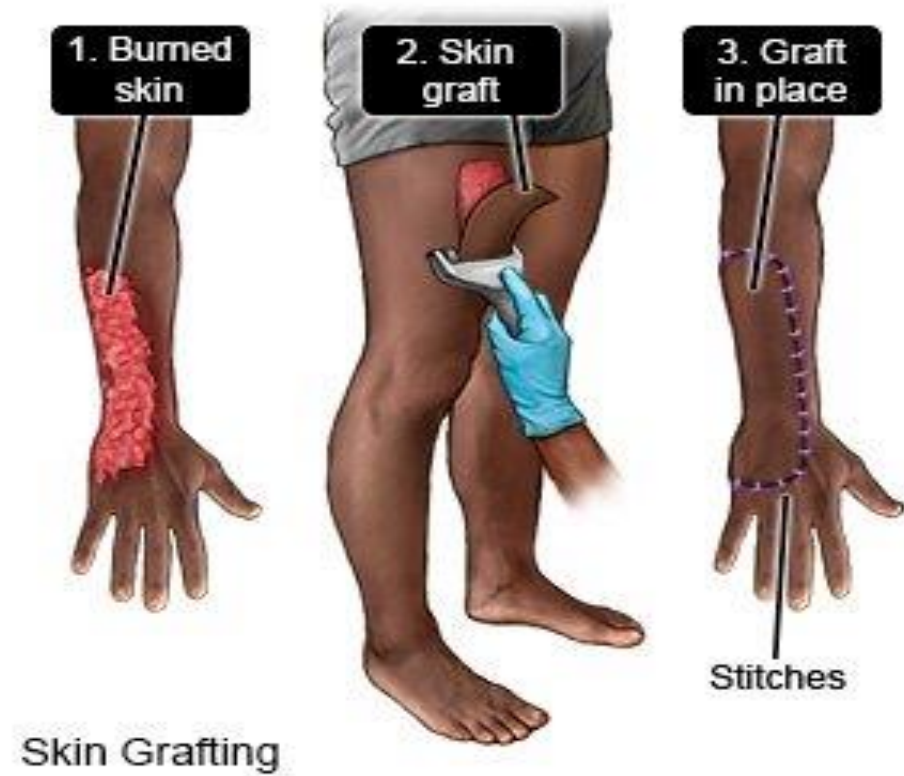
- Doppler ultrasound to evaluate blood flow.
- Ankle-Brachial Index (ABI) for peripheral arterial disease.
- X-rays or other imaging studies.
- Biopsy for diagnostic or infection assessment.
- Medical history and physical examination.
- Blood tests and tissue/fluid cultures for infection.



MANAGEMENT

- **Debridement:** Removal of dead tissue, bacteria, and debris from the ulcer.
- **Skin Grafting:** Transplanting healthy skin from one body part to the ulcer site.
- **Flap Reconstruction:** Creating a flap of skin and tissue to cover the ulcer.

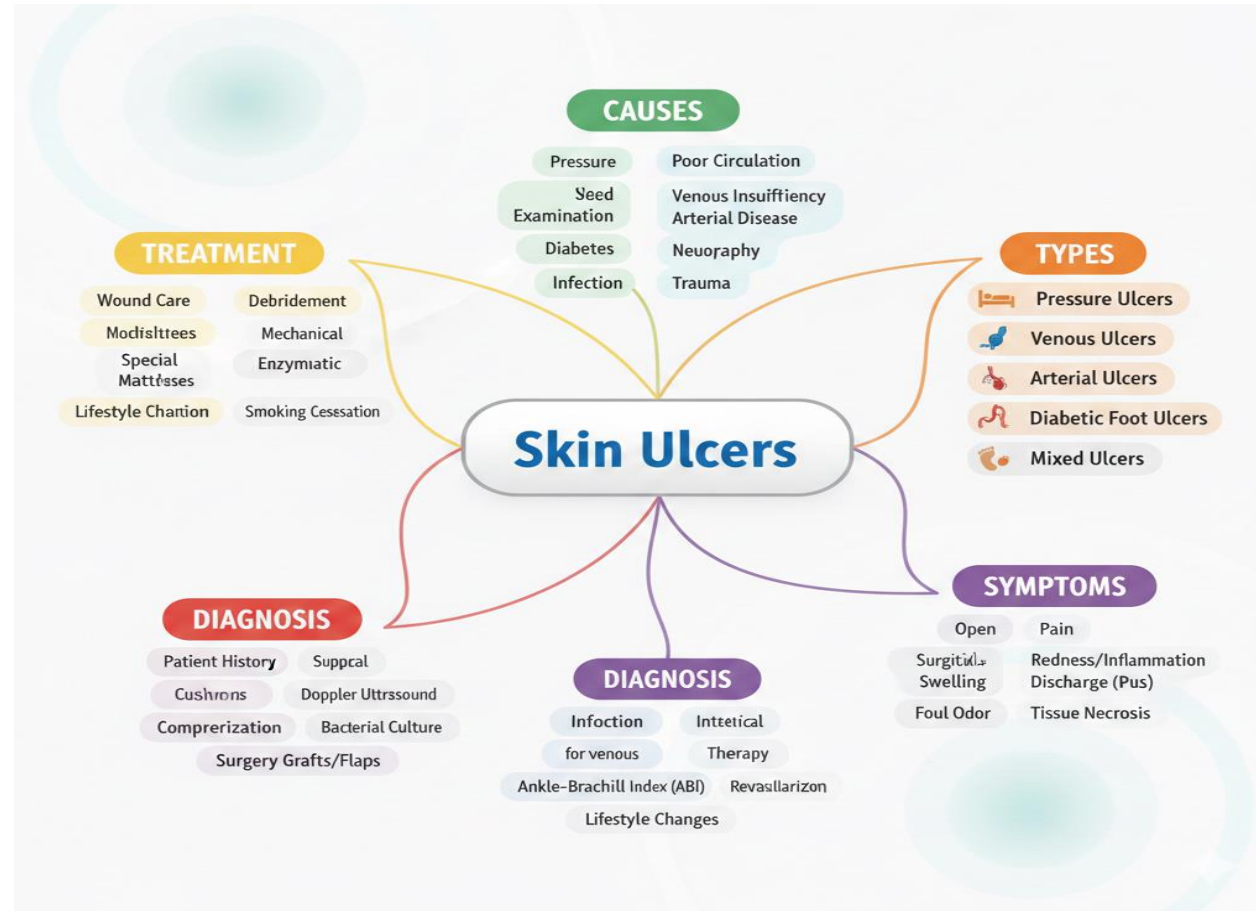




- **Revascularization Procedures:** Angioplasty or stenting to improve blood flow.
- **Amputation:** In severe cases to prevent infection spread and aid healing.
- **Tissue Expansion:** Using devices to stretch surrounding tissue for ulcer closure.



SUMMARY



References

- Textbook of Surgery – Kailash
- <https://www.healthline.com/health/skin-ulcer>
- <https://www.medicalnewstoday.com/articles/324466>
- <https://www.carehospitals.com/diseases-conditions/skin-ulcers>