

Clinical Study of Non-Healing Ulcers of Lower Limbs

Dr. Jignesh Ramani¹, Dr. Rushi Acharya², Dr. D. M. Gohil³

¹3rd Resident

²1st Resident

Abstract: *The incidence of ulceration is more in ageing population and increased risk factor for atherosclerotic occlusion such as smoking, obesity and Diabetics. The problems of chronic ulcers represent a wide spectrum of etiology, pathology, severity and morbidity. Multiple factors have been identified as contributors to impaired wound healing, such as, ischemia, infection, advanced age, malnutrition, diabetes, venous insufficiency and renal disease. Other conditions, such as cardiac and lung disease, decreased cognitive function, endocrine disease, GI disease, hematologic disorders, vasculitis, musculoskeletal problems, neurological disease, alcohol/drug abuse, immunosuppressives, chemotherapy, steroids, smoking, as well as inadequate wound care have been implicated. Clinical study of a total of 50 patients from May 2017 to November 2019 will be included in the study who have non healing lower limb ulcer with taking consideration of all inclusion and exclusion criteria. Study will be done with use of different dressing materials, solutions and antibiotics in different etiologies of non healing ulcers.*

Keywords: Non Healing Ulcer, Ischemia, DM, Varicose Vein, Trauma, Trophic

1. Introduction

Chronic non-healing ulceration is a frequent condition and wide in distribution. The incidence of ulceration is more in ageing population and increased risk factor for atherosclerotic occlusion such as smoking, obesity and Diabetics. Chronic wounds are defined as wounds, which have failed to proceed through an orderly and timely reparative process to produce anatomic and functional integrity. Multiple factors have been identified as contributors to impaired wound healing, such as, ischemia, infection, advanced age, malnutrition, diabetes, venous insufficiency and renal disease. Other conditions, such as cardiac and lung disease, decreased cognitive function, endocrine disease, GI disease, hematologic disorders, vasculitis, musculoskeletal problems, neurological disease, alcohol/drug abuse, immunosuppressives, chemotherapy, steroids, smoking, as well as inadequate wound care have been implicated. For a long time there has existed a grey area so far as management of wound therapy and wound healing is concerned. Antibiotic ointments were used empirically to ward off any infections of the wound site. Yet not all wounds are necessarily infected, hence routine use of anti-microbial topical preparations are questionable.

2. Literature Survey

The incidence of ulcers is as old as history, as with any disease of mankind. The Ebers Papyrus, circa 1500 BC, details the use of lint, animal grease, and honey as topical treatments for wounds. The lint provided a fibrous base that promoted wound site closure. Hippocrates, the legendary father of medicine himself had a leg ulcer. That was the age when anesthesia, anatomy and physiology were never heard of. He was against treating various ulcerations by surgical means. He treated multiple varicose veins by puncturing them at different levels to avoid non-healing of ulcers and about 400 years B.C. He wrote - "In case of an ulcer, it is not expedient to stand, especially if the ulcer be situated on

the leg" 3 From the Classical Period to the Medieval Period, the body and the soul were believed to be intimately connected, based on several theories put forth by the philosopher Plato. Wounds on the body were believed to correlate with wounds to the soul and vice versa; wounds were seen as an outward sign of an inward illness. With advancements in material and tissue sciences, the field of wound-site dressings increased considerably. The ability to bolster wound-site reepithelialisation has been improved as well as improving their clinical efficacy epithelialisation has been improved as well as improving their clinical efficacy The process by which new blood capillaries grow into a wound space after injury is known as angiogenesis. Wound angiogenesis is an important part of the proliferative phase of healing; in fact the term 'granulation tissue' was used by John Hunter in 1787 to describe the appearance of the prominent blood vessels of the initial connective tissue formed in the wound space .

3. Materials and Methods

Clinical study of a total of 50 patients from May 2017 to November 2019 will be included in the study who have non healing lower limb ulcer with taking consideration of all inclusion and exclusion criteria. Study will be done with use of different dressing materials, solutions and antibiotics in different etiologies of non healing ulcers.

Inclusion Criteria: All patients admitted in the ward (over duration of 2.5 years from may 2017 to November 2019) with non-healing ulcers of more than 6 weeks including arterial – venous disorder, metabolic disorders like diabetes and burns.

Exclusion Criteria: Ulcers of less than 6 weeks duration, Malignant ulcers. Paediatric patients (≤12 yr of age) Pregnant woman, Seriously ill patients, Patients with age more than 70 years.

4. Discussion

Chronic non-healing ulceration is a frequent condition and wide in distribution. They may be associated with a number of Surgical & also some medical and Dermatological conditions. Chronic wounds are defined as wounds, which have failed to proceed through an orderly and timely reparative process to produce anatomic and functional

integrity over a period of 3months. Multiple factors have been identified as contributors to impaired wound healing, such as, ischemia, infection, advanced age, malnutrition, diabetes, venous insufficiency and renal. Accordingly patients were advised to quit smoking and alcohol, while some of them needed psychologist counseling

