

Wound care in Scleroderma

Barbara Gemmell, St. Vincent's Hospital, Victoria, Australia; Madrid, Feb 2012

- Causes of ulcers
- Medical treatment
- Signs and management of infection
- Immunosuppression
- Wound care management:
 - Skin structure
 - Examples of different ulcers and how we managed them
- Resources
- Tips and tricks

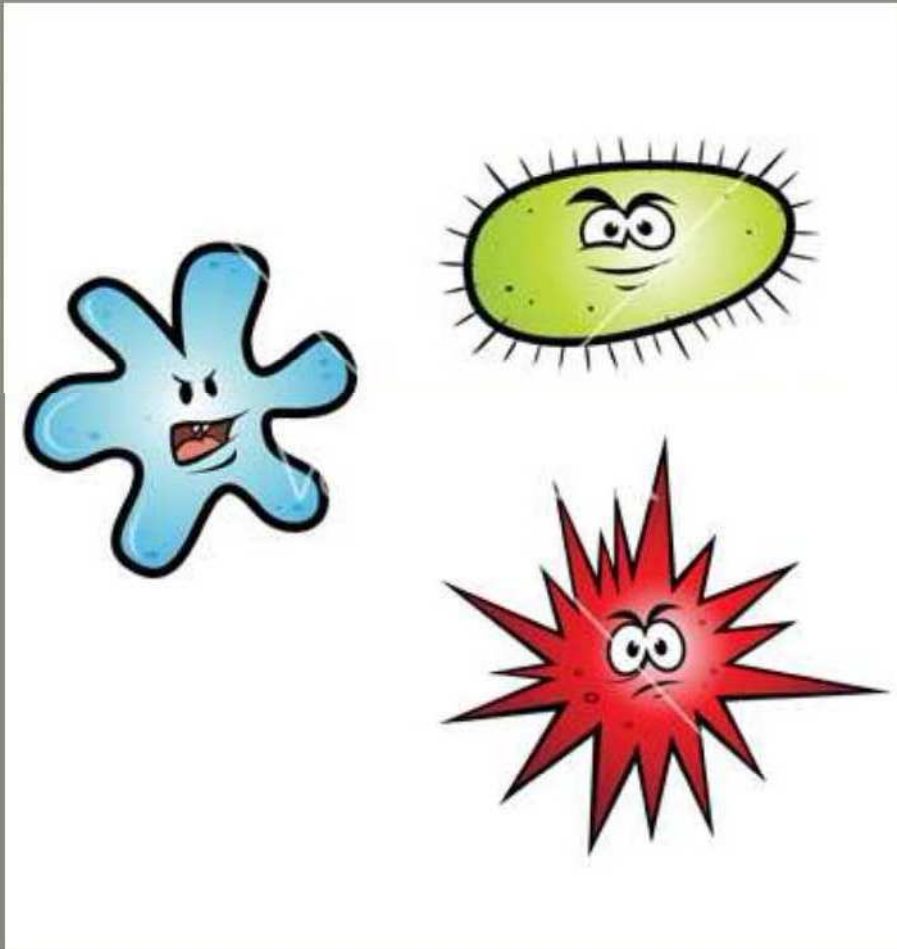
Causes of ulcers in scleroderma

- Altered skin elasticity
 - => breaks over “pointy bits”
- Reduced blood supply
 - => slower healing, sometimes ischemic ulcers
- Calcinosis
 - => solid or liquid calcium erupts through the skin
- Trauma
 - => reduced mobility or “normal life accidents” result in break in skin which is more difficult to heal because of altered blood supply, reduced elasticity, poor nutrition from reduced food absorption.

Medical treatment of ulcers

- Determine cause and treat this if possible eg. Calcinosis may need removal
- Raynaud's/reduced circulation treated with medication (vasodilators)
- Infection treated with antibiotic therapy (may need to swab wound)
- Loss of circulation may be managed with medication, surgery or both

Infection



• Signs:

- Increased pain
- Bright yellow, green or brown ooze
- Unpleasant smell
- Swelling
- Surrounding skin reddened
- Failure to heal

Managing infection

- See your doctor urgently for assessment
- Antibiotics, possibly lotions/creams
- More frequent dressings
- Regular review and possibly change of management if not improving

Special care: immunosuppression

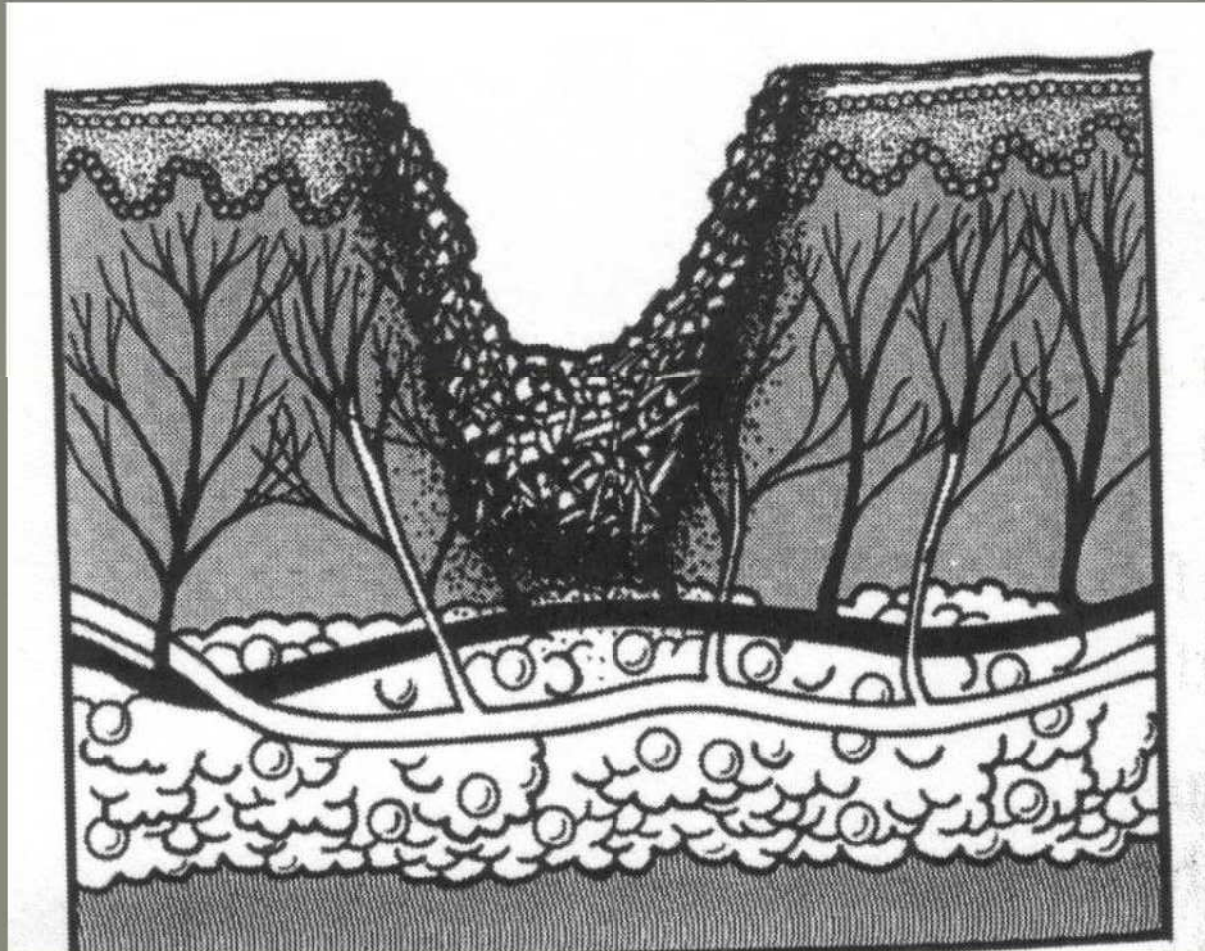
- Often used for scleroderma
- Good for reducing pain & swelling
- Thought to speed up skin softening
- Diminish the body's response to infection:
 - An ulcer can appear to become very infected much quicker

=>so if you are taking these drugs seek medical help as soon as you think there is any sign of infection, and for guidance for any new ulcers

Wound care management

- A little about skin structure so you understand what is happening
- Some case studies, the creams/lotions and dressings that we used
- Progressing or alternative treatments
- Useful tips and tricks
- Resources that you may need

Skin structure



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Current belief about wound healing

- Skin heals from both the wound edges and islands of skin cells within a large wound
- Special white blood cells (macrophages) engulf germs and debris, and they work more easily in a moist environment
- Large amounts of trace elements and protein are used in the body to heal wounds

Moisture balance in wounds

Too wet



Too dry



Simple digital ulcers



Silicon dressing with absorbent pad, enzyme algininate cream



Wrapping dressing around finger

**Wrap around finger
either at knuckle or
tip over ulcer**



**Fold over tip and
wrap one side
around**



**Cut dressing in
middle of
each side
into pad**



**Wrap second
side around,
trim excess if
needed**

**For a knuckle ulcer,
use cut dressing to
allow for bending**



Some deeper finger ulcers may need splinting to allow healing



Wounds on the ankle and foot need different strategies to keep dressing on



- 1) Transparent dressing



- 2) Absorbent pad and Coban non-stick securing tape



calcinosis



- Simple bandage with padding

How it can go very bad, very quickly

- Female, 20's, on immunosuppression
- Had a small scab on hip, minor change on blood tests and a head cold
- Kept putting “cream” on hip for 4 weeks before showing to the doctor



Complex wounds need urgent medical intervention and long term management



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Available resources



Resources

- Local doctor and local clinic nurses
- Local community/district nurses
- Pharmacy
- Medical supplier outlets
- Internet for ordering supplies
- Scleroderma websites and groups
- Wound care websites and consultants
 - www.worldofwounds.com

Tips for managing an ulcer

- Pain is a good indicator of what is working
- Take something for the pain
- Generally moist wound care is considered best practice nowadays
- Protect from heat and cold, physical trauma, harsh chemicals (soaps etc)
- Remove any source of irritation
- Promote healing – protein, vitamins, moisturizing surrounding skin

Alternatives/escalating wound dressings



Silver dressing for infection that does not respond to previous strategies

Initial treatment:
Flaminal, ti tree oil gel (wound aid) or medicinal honey

Consider flagyl gel for persistent infection, Mesorb or Eclypse dressing for persistent ooze & zinc bandage for periwound damage, daily betadine paint for necrotic eschar until it lifts, → mepilex/ similar to new growth tissue

Accessing Flaminol In UK and Europe

- UK :
 - Ian Shurville
ian.shurville@crawfordpharma.com
- Europe:
 - Flen Pharma Belgium,
 - or a related Belgian pharmacy
 - infoapothekesollie.be

Keep dressings dry



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Take photos to track progress



Summary

- Loss of elasticity, physical trauma and poor circulation are all causes of ulcers in scleroderma
- See your doctor to find and treat the cause of your ulcer, urgently if you suspect infection
- Infection may be indicated by increased pain, an unpleasant odour, coloured discharge, redness and swelling
- Moist healing and a dry covering is current best practice
- A multivitamin supplement and high protein diet is thought to be useful in healing wounds
- Use pain killers if required

Questions



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