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Editorial

Dermatologist's role in wound care

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An external injury to the skin or a breach in the integument is an essential aspect of any ulcer whether it is caused by external factors or internal factors. Mechanisms of injury of skin, mechanisms of repair, common and uncommon causes of chronic ulcers, factors which delay or retard the healing process; all come within the purview of dermatology. A thorough knowledge of skin physiology and skin pathology often helps the dermatologist to make the correct diagnosis. However, comprehensive care of chronic ulcers need a multidisciplinary approach; with a concerted effort by the dermatologists, vascular surgeons, physicians, plastic surgeons, podiatrists and wound care nurses. Public education on basic care of the wounds as well as primary prevention of wounds or prevention of recurrences in persons susceptible to chronic ulcers are also extremely important. A team approach with all the relevant medical personnel; with the patient or the care giver also working in harmony, towards 'the common goal of healing' would give the best results.

Many developments have taken place in understanding the wound healing process in the last several decades and this knowledge has translated to better wound care strategies and better wound dressings¹⁻¹⁶. Proper care of wounds can save millions of rupees for the patients, society and the country as a whole. Occasionally, inappropriate wound care may lead to death, especially in the diabetics.

Management of chronic wounds has not received the attention it should in this country¹⁷. Training the clinicians and nurses on good wound care practices is an essential aspect of improving the standard of wound care. Cost of sophisticated dressings has been a serious impediment in optimal wound care in developing countries. Cost-effective protocols should be devised to suit the availability of resources in a given setting. Surgical intervention should be sought after appropriate investigations, where indicated.

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In the primary diagnosis of chronic ulcers, the dermatologist's skills are very useful, especially in identifying uncommon (e.g. pyoderma gangrenosum, vasculitic ulcers, chromoblastomycosis, basal cell carcinoma, cutaneous leishmaniasis) as well as malignant causes (e.g. melanotic or amelanotic melanoma, Marjolin's ulcer). Diagnosis of conditions such as prolidase deficiency as a cause of chronic ulcers requires a knowledge of associated features¹⁸. A good working knowledge on lymphology, angiology and skin grafting techniques are also valuable in management of chronic ulcers. Allergy to topical antibiotics and antiseptics and irritation due to various dressings should be evaluated critically. Patch testing may be necessary in such cases. Dermatologists can also play a vital role in researching into artificial skin and bio engineered skin substitutes. The scope for research opportunities in wound healing, both at clinical level and in basic sciences is immense.

Dermatologists together with the other clinicians in the relevant fields should play an important role in improving wound care in Sri Lanka. Economic advantages of primary and secondary prevention of ulcers and their optimal management can be enormous.

S. Prasad W. Kumarasinghe
Editor

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