

Puzzling Cases: Wound Sleuth



BY Rob Miller,
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A 55-year-old male was referred to the wound-care clinic for management of a wet foot! He had broken his leg and had been in a cast for a month. He also suffered from chronic plantar hyperhidrosis (increased sweating) and found his foot had become smelly and uncomfortable in his cast. When the cast was removed, his foot appeared as shown in figure 1.



Question: What clinical features do you notice?

Answer: The whitish discolouration represents maceration of the tissue. This is due to the excess sweating of the foot such that the epidermis (top layer of the skin) becomes excessively hydrated and whitish in colour, which indicates this increased moisture.

In addition, a large blister is on the heel region. This represents a friction blister, which has occurred due to the looseness of the cast and which has been made worse by the excess sweating.

Question: What is the treatment?

Answer: This patient required more time in his cast to ensure the proper setting of his bones. It was acceptable to the orthopedic surgeons to have him fitted with a removable cast so the cast could be taken off when he was not weight bearing. Subsequent follow-up showed that the removable cast controlled his problem.

In a wound-care clinic, one must be prepared to address a number of different therapeutic challenges. Although no specific wound is present, friction blisters and maceration may present unique problems, particularly in high-risk individuals such as persons with diabetes or those who suffer from arterial vascular disease. Left untreated, these problems could easily result in ulcer formation. ☞

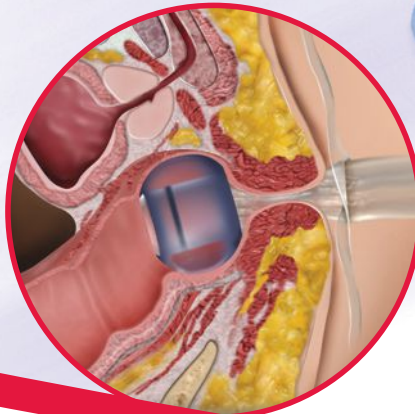
The Canadian Association of Wound Care (CAWC) Gets a New Home

Earlier this year, the CAWC moved into new offices to accommodate our recent expansion of activities. As a result, the CAWC has a new mailing address and new phone numbers.

Please update your contact list so you can stay in touch!

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