

Puzzling Cases: Wound Sleuth



BY Rob Miller

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A 65-year-old female has had a previous venous stasis ulcer over the ankle region. With proper wound care the ulcer has healed, but her main complaint is now of pruritus in the affected area.



Question: What does one see clinically?

Answer: The ulcer itself has healed, but the patient has an eczematous (dermatitic) patch over and around the area of previous ulceration. The skin is inflamed, red, swollen and oozing as a result of the dermatitis. This is called stasis eczema (dermatitis).

Question: What is the treatment?

Answer: The mainstay of treatment for stasis dermatitis is topical steroids. Steroids come in a variety of different strengths from the very weak (e.g., hydrocortisone) to those of mild, moderate and high potency. Although

hydrocortisone does not have any side effects (skin atrophy in particular), it is also not all that effective—in my experience—in controlling dermatitis or pruritus.

One to two months of using a steroid of a higher potency (e.g., betamethasone valerate) will frequently control the itch and resolve the dermatitis. It can be applied at nighttime after the patient's support stockings have been removed, as well as first thing in the morning. Once the dermatitis has resolved, the stronger steroid can be substituted with one of weaker potency (e.g., hydrocortisone) or a moisturizing cream to prevent recurrence. Continued long-term use of compression stockings is also necessary to help prevent recurrence of the ulcer. ☺



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1. The Use of MEDIHONEY™ on surgical wounds post-CABG. Bateman S, Graham T (2007) WOUNDS UK. Vol 3. 76 – 83.
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3. Chronic lower extremity venous ulceration – Use of a Leptospermum honey impregnated alginate to facilitate wound closure. Regulski M. SAWC 2008.
4. Wound care with MEDIHONEY™ in paediatric haematology-oncology. Simon A, Sofka K, Wiszniewsky G, Blaser G, Bode U, Fleischhack G. (2006) Supportive Care in Cancer. 14. (1): 91-7.

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