

7. VENOUS ULCER

A leg skin lesion caused by venous disease (ulcer) is far more frequent than what usually thought, involving up to 3% of the population. Proper awareness and management is mandatory, also to avoid complications significantly affecting the quality of life. An effective collaboration between the expert physicians, health-professionals and the same patient is the key to prevention and eventually prompt healing of the lesion.

Together with the ten evidence-based statements reported below, further insight is available here:



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VENOUS ULCER

1. Approximately 70% of skin ulcer has a venous origin. 1/5 ulcers have a multi-factorial component that has to be investigated
2. Proper assessment of a venous ulcer must report location, size, shape, surrounding area description, type of floor, edge & discharge.
3. Proper ulcer diagnosis requires detailed anamnesis, clinical visit, arterial & venous ultrasound scanning, lymphatic function assessment, ankle-brachial index calculation.
4. Culturing and systemic antibiotics are indicated only in presence of signs and symptoms of infection. Antimicrobials are not recommended in only contaminated wounds.
5. In case of atypical appearance a biopsy must be performed to exclude malignancy, vasculitis or arterial sclerosis.
6. Compression is the mainstay of ulcer healing and can be performed by proper bandage, graduated compression stocking and adjustable compression use, following expert prescription and application. In difficult healing cases, intermittent pneumatic compression can provide a valuable option.
7. Early restoration of superficial venous reflux is indicated in venous ulcer management.
8. Advanced wound dressings might improve ulcer healing process, but no strong evidence is supporting one product over another.
9. Skin grafting, Negative Pressure Therapy, Stem cells therapy can be valuable options in specific cases assessed by experts, but more scientific evidence is needed for supporting their routine use.
10. Ulcer recurrence remains frequent. Proper compression and management can reduce the risk of ulcer reappearance.
A specialist follow up is needed.