

# Overview of Wound Type and Etiology

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Vohra Wound Physician,  
Vohra Fellowship Director

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Extrinsic vs. Intrinsic

Local vs. Systemic

Physiologic vs. Mechanical

Pressure vs. Non-Pressure

Typical vs. Atypical

Acute vs. Chronic

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What best describes the cause of chronic wounds?

A

Bacteria

B

Protein deficiency

C

Trauma

D

Hypoxia

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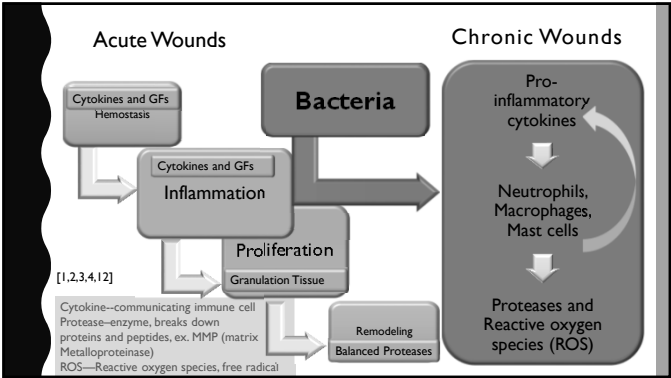
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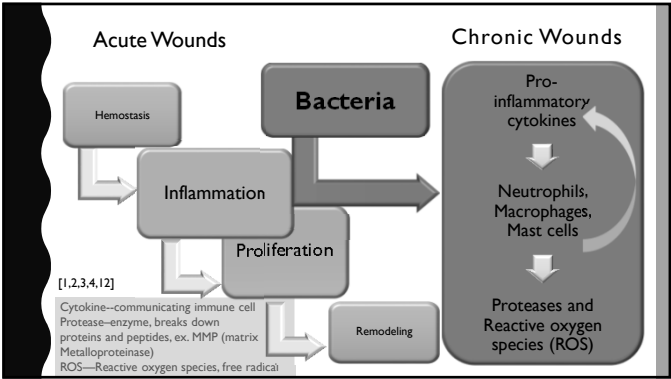
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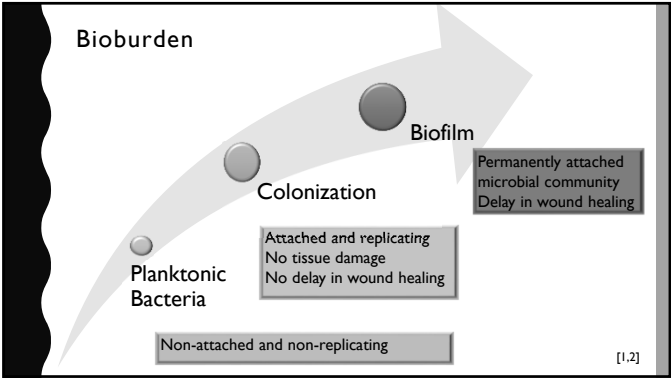
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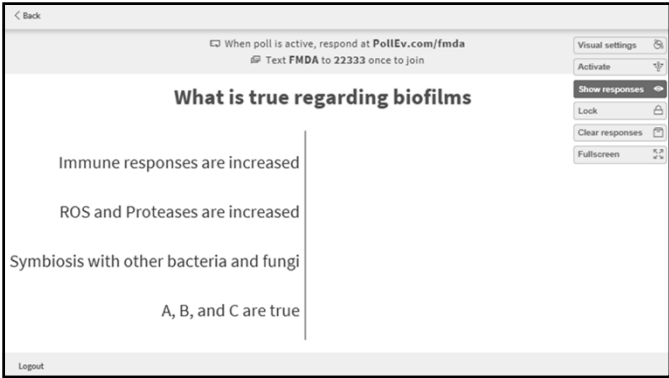
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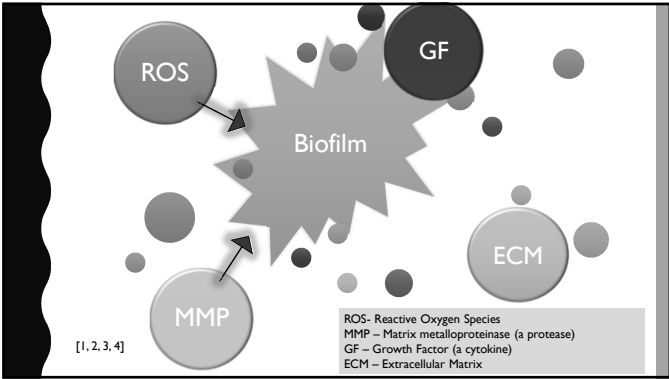
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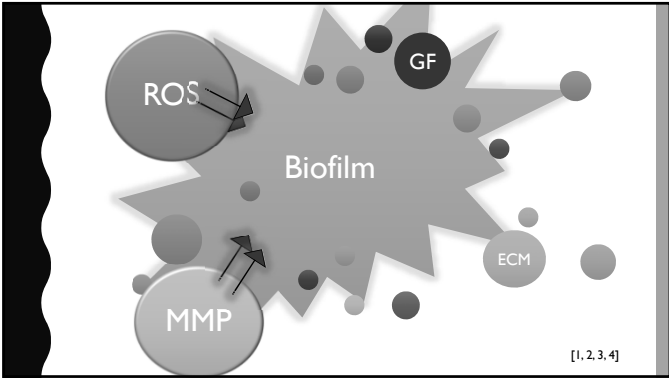
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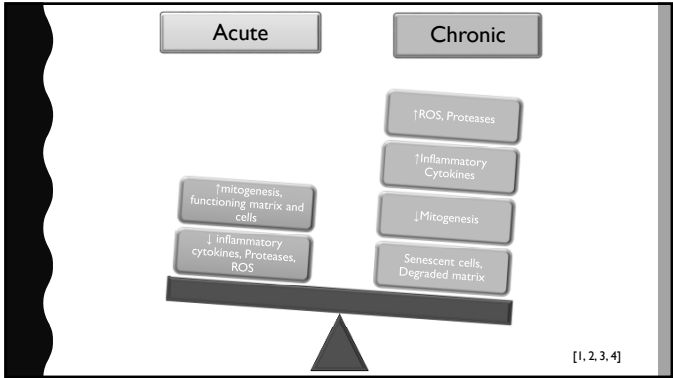
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Which of the following lists examples of chronic wounds?

- A Diabetic, Pressure, Lymphedema
- B Arterial, Venous, Lymphedema
- C Pressure, Venous, Diabetic
- D A, B, and C are true

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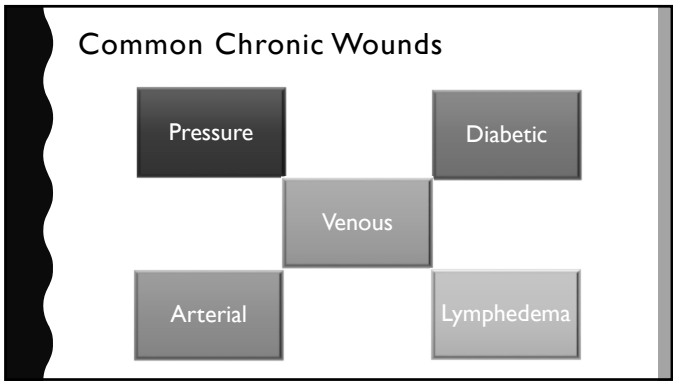
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Case of 71 year old Male with lateral foot ulcer

PMH:  
Rheumatoid arthritis  
Type II diabetes  
Arterial disease  
Resolved pressure ulcers  
Venous insufficiency

PE:  
No acute distress  
Alert and oriented x 2  
Normal vital signs  
BMI 24  
1+ pulses bilaterally  
2 second capillary refill  
Sensation intact  
Mild edema at LEs



Differential diagnosis includes:

1. Pressure ulcer
2. Diabetic ulcer
3. Arterial ulcer
4. Venous ulcer

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**Diabetes**

Neuropathic injury (1,2)

Decreased immunity and Hypoxia (1,2,3)

Offload, debride, and treat infections (7,8)

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### Arterial Disease

Severe Hypoxia worsened by minor trauma (1)

Decreased threshold for infection (8)

Endovascular therapy or open bypass surgery (8)

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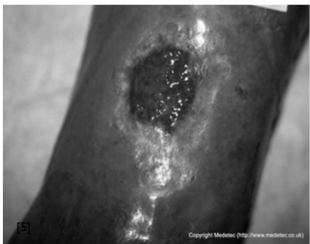
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### Venous Disease

Venous congestion leads to hypoxia (11)

Trauma (11)

30-50 mmHg of graduated compression, (11)

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**Pressure Ulcers**

Prolonged Trauma (8,9)

Hypoxia (8,9)

Offloading, Repositioning and Debridement (8)

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**Lymphedema**

Increased colloid osmotic pressure

Bioburden and cellulitis

Manual lymphatic drainage/complete decongestive therapy (11)

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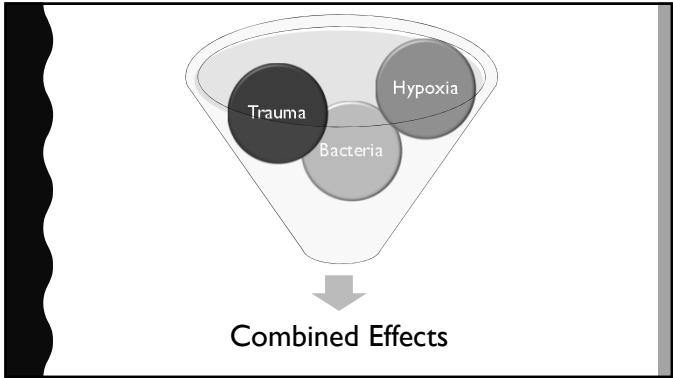
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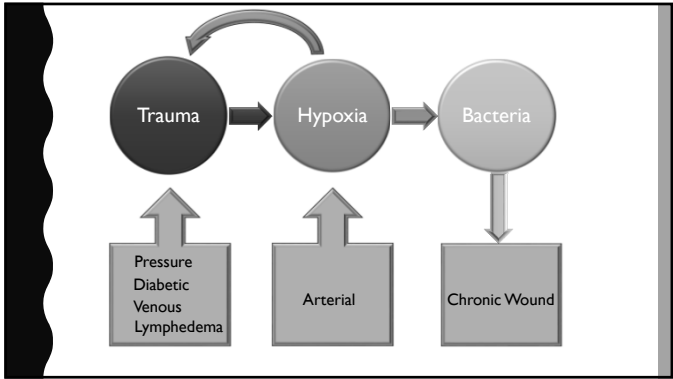
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