



A Clinical Study of Management and Outcome of Variuos Leg Ulcers in Adults

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I. INTRODUCTION

An ulcer is defined as a break in the continuity of the covering epithelium-skin or mucous membrane. Patients with leg ulcers are managed by clinicians in multiple specialties, including primary care, vascular surgery, plastic surgery, podiatry, wound care, and dermatology¹. Chronic leg ulcers are usually associated with significant morbidity, high cost of healthcare, loss of productivity, and reduced quality of life². In the Western world, lower limb ulcers are mainly caused by venous insufficiency, arterial insufficiency, neuropathy, diabetes, or a combination of these factors³. A detailed knowledge of the clinical picture, pathogenesis, relevant diagnostic tests, treatment modalities, and differential diagnosis of leg ulcerations is essential in planning the optimal treatment strategy. An incorrect or delayed initial diagnosis increases the risk of serious complications, including permanent disability and amputations.

AIMS AND OBJECTIVES

- To study the distribution of age, sex among study group.
- To study the aetiology, management and outcome of ulcers of leg and foot.

II. MATERIALS AND METHODS:

This is a prospective observational study of patients admitted with leg or foot ulcers in General Surgery department at Narayana general hospital, Nellore from December 2016 to November 2018. The method of study consists of collection of demographic data of subjects, detail history recording & clinical examination, relevant investigations and management of ulcers either by conservative or interventional.

INCLUSION CRITERIA

- All patients presented with leg ulcers from 18 – 70yrs of age admitted in department of General Surgery, Narayana Medical College, and Nellore.

EXCLUSION CRITERIA

- Patients with age less than 18yrs and more than 70 yrs are excluded from the study.
- Malignant ulcers are excluded from this study.

OBSERVATION AND RESULTS

A total of 100 patients with lower limb ulcers were studied with reference to their clinical presentation and management in the Department Of General Surgery, Narayana Medical College, Nellore.

Table.1. Age Distribution

(n=100) Age in yrs	No of patients (n=100)	Percentage (%)
18-30	10	10%
31-40	21	21%
41-50	22	22%
51-60	24	24%
61-70	23	23%

Table.2. Sex Distribution

(n=100) Sex	No of patients (n=100)	Percentage(%)
Male	77	77%
Female	23	23%

Table 3 : Etiology (n=100) Etiology	No of patients (n=100)	Percentage(%)
Diabetic	37	37%
Arterial	19	19%
Venous	26	26%
Pressure	18	18%

Table 4 : Management (n=100) Management	No of patients (n=100)	Percentage (%)
Conservative alone	16	16%
Trendelenberg operation	21	21%
Trendelenberg operation +SSG	5	5%
Debridement alone	13	13
Debridement + SSG	12	12%
Debridement + Minor Amputation	22	22%
Debridement + Major Amputation	11	11%

Table 5: Outcome (n=100) Outcome	No of patients(n=100)	Percentage (%)
Healed with single intervention including amputations	72	72%
Requires multiple interventions including amputations	28	28%

- Most of them are of age group >40years (45.83%) signifying that ulcers occur frequently in older age group.
- Males were found to be predominantly affected (77%).
- Diabetic ulcers were found to be highest in the age group >40 years (57.14%) with male preponderance (76%). Venous ulcers were found to be greatest in the age group >35 years (71.52%). Males were found to be maximally affected (63%).
- Of all 100 patients 13 patients were treated with conservative management alone and 59 patients were treated with single intervention and 28 patients required multiple interventions like major followed by minor amputation and wound dehiscence after primary closure and SSG for raw area for non healing wounds.
- Split thickness skin graft was performed as an ulcer reconstruction procedure in 17 cases.
- Minor amputation was performed in 22% of cases for both arterial and diabetic foot ulcers.
- Major amputation was performed in 11% of patients for both arterial and diabetic ulcers.

III. CONCLUSION

- In the present study, it is demonstrated that lower limb ulcers are debilitating and are seen most often in the elderly. They are therefore a major health issue in an aging population. Majority of the lower limb ulcers are caused by diabetes, followed by traumatic ulcers, venous ulcers and arterial ulcers. Diabetes mellitus increases the risk of lower extremity peripheral arterial disease by 2 to 4 fold⁹⁵ and is present in 12% to 20% of persons with lower extremity peripheral arterial disease⁴. Diabetic patients with lower extremity peripheral arterial disease are 7 to 15 fold more likely to undergo a major amputation than non diabetics with leg ulcers. 5
- A detailed knowledge of the clinical picture, pathogenesis, diagnostic tests, treatment modalities, and differential diagnosis of leg ulcerations is essential in planning the optimal treatment strategy. A delayed diagnosis may harm

the patient and increase the risk of serious complications, including permanent disability and amputations.

- So, multimodality treatment is better than unimodality treatment in patients with lower limb ulcers.

IV. REFERENCES

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