Actas Dermosifiliogr. 2013;104(9):776–781

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PRACTICAL DERMATOLOGY

Acute Skin Lesions After Surgical Procedures: A Clinical Approach☆

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Received 27 December 2012; accepted 7 April 2013
Available online 2 October 2013

KEYWORDS
Surgery;
Povidone iodine;
Chemical burn;
Contact dermatitis

Abstract In the hospital setting, dermatologists are often required to evaluate inflammatory skin lesions arising during surgical procedures performed in other departments. These lesions can be of physical or chemical origin. Povidone iodine is the most common reported cause of such lesions. If this antiseptic solution remains in contact with the skin in liquid form for a long period of time, it can give rise to serious irritant contact dermatitis in dependent or occluded areas. Less common causes of skin lesions after surgery include allergic contact dermatitis and burns under the dispersive electrode of the electrosurgical device. Most skin lesions that arise during surgical procedures are due to an incorrect application of antiseptic solutions. Special care must therefore be taken during the use of these solutions and, in particular, they should be allowed to dry.
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PALABRAS CLAVE
Cirugía;
Povidona yodada;
Quemadura química;
Dermatitis de contacto

Lesiones cutáneas agudas tras intervenciones quirúrgicas. Aproximación clínica

Resumen Dentro del ámbito hospitalario no es infrecuente que los dermatólogos debamos valorar lesiones cutáneas inflamatorias que surgen en intervenciones quirúrgicas realizadas por otros servicios. Estas lesiones pueden ser de causa física o química. La povidona yodada es la causa descrita más frecuentemente de aparición de estas lesiones. Este antiséptico, si permanece en solución en contacto con la piel durante un periodo prolongado, puede ocasionar dermatitis irritativas graves en zonas declives u ocluidas. Otras causas menos frecuentes son dermatitis alérgicas de contacto o quemaduras en el terminal de toma de tierra del bisturí eléctrico. Debido a que la mayor parte de estas lesiones se debe a una aplicación incorrecta del antiséptico, deben extremarse sus normas de uso, especialmente dejándolo secar de forma adecuada.
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☆ Please cite this article as: Borrego L. Lesiones cutáneas agudas tras intervenciones quirúrgicas. Aproximación clínica. Actas Dermosifiliogr. 2013;104:776–781.

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Introduction

Interdepartmental Dermatology Consultations

Interdepartmental consultations, including both the requests from other specialties for the dermatologic evaluation of patients and those made by dermatologists to colleagues in other specialties, form a very important part of dermatologic practice. The hospital is one of the main environments in which interdepartmental dermatologic consultations occur, usually in the form of a written consultation request.[1,2] In this environment, one of the clinical problems that we may be asked to evaluate is that of a patient with inflammatory lesions after a surgical intervention.[3]

Analysis of the Problem

Acute skin lesions that arise as a result of a surgical intervention can be of physical or chemical origin.[3,4] Physical causes include burns and lesions due to traction, friction, or pressure, while the mechanisms underlying lesions produced by contact with a chemical product may be irritant or allergic. Finally, as in any hospitalized patient, the differential diagnosis must always include infections and drug reactions; the clinical correlates of such lesions differ from those of lesions arising during surgical procedures and do not fall within the scope of this article.

A number of aspects must be taken into account in the initial evaluation of a patient with acute postsurgical skin lesions. The first is to determine the sequence of appearance of the lesions. It is not uncommon for patients to spend a significant time in the emergency room, where they may undergo limb traction or have prolonged contact with antiseptics or chemical debriding agents before the surgical intervention. We must also consider the possibility of lesions developing during the patient's stay in the postoperative recovery room, or that the lesions were present previously and the operation merely led the surgeon or nurse responsible for the patient to notice them. Finally, the patient may have developed similar lesions during other operations or following contact with other medical devices, which would suggest a possible allergic mechanism.

For lesions that arise during a surgical intervention or in the immediate postoperative period, the first characteristics that we must evaluate are the site of the lesions, their morphology, and their relationship to the surgical wound. Lesions in dependent areas and signs of dropping figures would suggest a liquid has played a role (Fig. 1), while an annular or rectangular morphology could suggest the electrocardiography pads or the dispersive electrode of an electrosurgical device (Fig. 2). Finally, lesions around the surgical incision may be due to antiseptics or to the dressings used before, during, or immediately after the operation.

Other factors that can affect the appearance of lesions are the use of occlusive plastic dressings (Fig. 3), the antiseptic solution employed in the surgical field, and the care applied up to the time of consultation. All the procedures on the patient must be tracked from entering the surgical area until transfer to the ward. A record should also be made

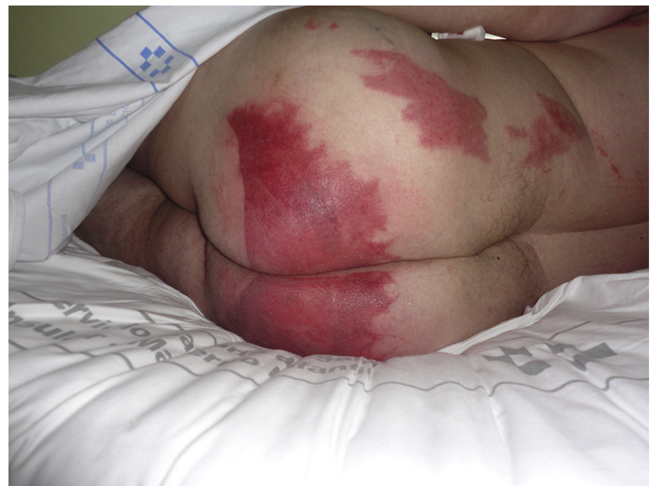

Figure 1 Images of dropping figures suggesting a fluid as possible cause of the dermatitis.

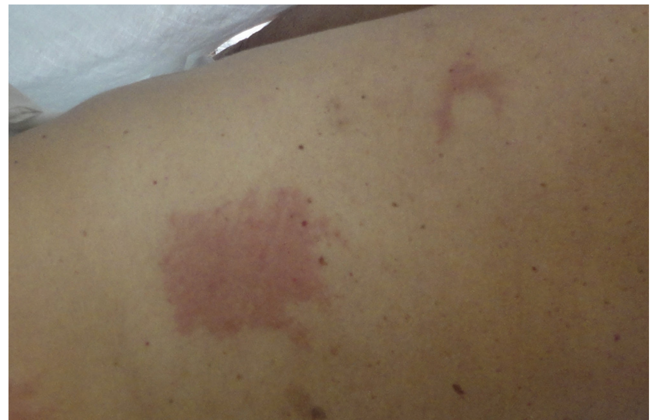

Figure 2 Annular and rectangular lesions corresponding to an electrocardiography electrode and the dispersive electrode of the electrosurgical device.

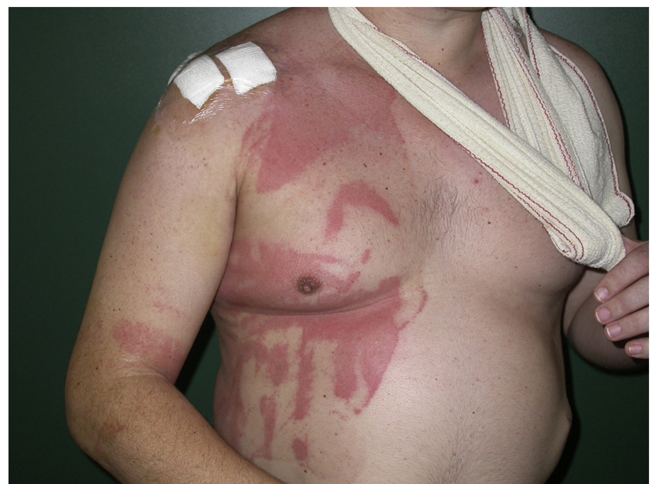

Figure 3 Disjointed areas of inflammation in a patient in whom the surgical field was covered with an occlusive plastic drape and who underwent the operation in a semirecumbent position.

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