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ORIGINAL ARTICLE

Interest of punch skin grafting for the treatment of painful ulcers[☆]



Intérêt de la greffe cutanée en pastille dans la prise en charge d'ulcères algiques

C. Fourgeaud^{a,*}, G. Mouloise^a, U. Michon-Pasturel^a,
S. Bonhomme^a, I. Lazareth^a, S. Meaume^b, P. Priollet^a

^a Service de médecine vasculaire, groupe hospitalier Paris – Saint-Joseph, 185, rue Raymond-Losserand, 75674 Paris cedex 14, France

^b Service de dermatologie, plaies et cicatrisation, hôpital Rothschild, 5, rue Santerre, 75012 Paris, France

Received 27 July 2016; accepted 30 July 2016

Available online 3 September 2016

KEYWORDS

Ulcer;
Pain;
Punch skin grafting

Summary Skin leg ulcers are chronic painful wounds. The treatment of these ulcers is crucial for patients because pain has a significant impact on their daily lives. The analgesic effect of punch skin grafting (PSG) for the treatment of painful ulcers is not well described. The objective of the study is to assess the level of pain in patients with an ulcerated wound and to see if there is an analgesic effect of PSG.

Patient and methods. – A single-center, non-interventional study conducted in hospitalized patients with one or several ulcer(s) of any type and which has been painful for more than six weeks. Pain was assessed before, the day after a PSG and then on the way out of hospital by a questionnaire and a numeric pain rating scale. Permanent pain and pain peaks were identified.

Results. – Forty-one patients were included (23 men and 18 women) with a mean age of 73 ± 21 years, 36% ($n = 15$) with arterial ulcers, 36% ($n = 15$) with venous ulcers, 12% ($n = 5$) with necrotic angiodermatitis, 12% ($n = 5$) with mixed ulcers and 4% ($n = 2$) with “other ulcers” (due to infection and use of hydroxycarbamide). On day 1 of PSG, patients showed an improvement in terms of permanent pain (77%, $n = 24/31$) and pain peaks (90%, $n = 37/41$) respectively and 90% ($n = 28/31$) and 95% ($n = 39/41$) on the last day at hospital. Reduction in the use of strong opioids was found in 13 patients (81%).

[☆] Présentation affichée ayant reçu le prix poster (prix René Rettori), 50^e congrès du Collège français de pathologie vasculaire, Paris, mars 2016.

* Corresponding author.

E-mail address: caroline.fourgeaud@aphp.fr (C. Fourgeaud).

MOTS CLÉS

Ulcère ;
Douleur ;
Grefte cutanée en
pastille

Conclusion. — Punch skin grafting is a simple and validated treatment, which can reduce or eliminate pain related to ulcers. It has an effect on permanent pain and pain peaks. Its efficiency is particularly demonstrated on venous ulcers and mixed ulcers but also initially painful ulcers such as necrotic angiodermatitis or arterial ulcers.

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Résumé Les ulcères cutanés sont des plaies chroniques douloureuses. Leur prise en charge est capitale pour les patients car la douleur a un impact lourd sur la vie quotidienne. L'effet antalgique de la greffe cutanée en pastilles (GCP) dans le traitement des ulcères algiques est peu décrit. L'objectif de l'étude était d'évaluer la douleur chez les malades ayant une plaie ulcéreuse afin de voir s'il existe un effet antalgique de la GCP.

Patient et méthodes. — Il s'agissait d'une étude monocentrique, non interventionnelle réalisée chez des patients hospitalisés pour un ou des ulcère(s) de toute(s) nature(s), algiques, évoluant depuis plus de 4 semaines. La douleur a été évaluée avant, le lendemain d'une GCP puis à la sortie par un questionnaire et une mesure de l'échelle numérique de la douleur. La douleur permanente (DP) et les pics douloureux (PD) ont été distingués.

Résultats. — Quarante et un patients ont été inclus (23 hommes et 18 femmes) d'âge moyen 73 ± 21 ans, dont 36 % ($n=15$) d'ulcères artériels, 36 % ($n=15$) d'ulcères veineux, 12 % ($n=5$) d'angiodermes nécrotiques, 12 % ($n=5$) souffrant d'ulcères mixtes et 4 % ($n=2$) d'ulcères « autres » (dus à hydroxycarbamide et infectieux). À j1 de la GCP, les patients ont exprimé une amélioration des DP et des PD de respectivement 77 % ($n=24/31$) et 90 % ($n=37/41$) et de 90 % ($n=28/31$) et 95 % ($n=39/41$) à la sortie. Une réduction dans la consommation d'antalgique de palier III a été retrouvée chez 13 patients (81 %).

Conclusion. — La GCP est une thérapeutique validée et simple qui permet de diminuer voire de supprimer, les douleurs des ulcères. Elle agit sur les DP et les PD. Son efficacité est particulièrement démontrée sur les ulcères veineux et mixtes mais aussi sur des ulcères initialement très douloureux comme les angiodermes nécrotiques ou les ulcères artériels.

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Introduction

We define a leg ulcer as a chronic wound, which has evolved for 4 to 6 weeks, situated between the leg and the foot, without any spontaneous healing. In most cases, it is due to a complication of a vascular disease. The most common types are venous (70 to 90%), arterial (5–15%) or microcirculatory.

The census of leg ulcers is not simple because a lot of them are treated out the hospital and are partly due to self-medication. This makes the epidemiological and economic data inaccurate and limited. Sixty thousand to five hundred thousand people will be affected [3], patients above the age of 65 seem to be affected the most [4]. The sex ratio is 3 women to 1 man [2]. A study conducted on the prevalence of leg ulcers within the population of London [5] has enabled to enhance the epidemiological data of leg ulcers and has shown the sharp rise of prevalence of leg ulcers with the increase of, being more frequent in women. Leg ulcers are an expensive condition because their healing time is long and there is a high risk of recurrence. The treatment of chronic ulcers is essential as it is a major public health problem and a growing socioeconomic burden [6].

In three quarters of the cases, leg ulcers are painful chronic sores. They presents themselves through a short lived pain, also known as pain peaks that can last from a few seconds to hours, possibly accompanied by a permanent background pain. The cause of the pain is multifactorial, which could be accentuated by an underlying neuropathy,

but also by dressing changes, cleaning and debridement of the wound, or a possible infection. Concerning the pain treatment of leg ulcers, there are national and international recommendations. The French recommendations are based upon professional agreement. Depending on the etiology of the ulcer, the pain can be more or less intense. Arterial ulcers as necrotic angiodermatitis are considered more painful than venous ulcers. However, venous ulcers can become extremely painful, as it has been shown through studies of life quality [1]. Pain management is a capital aspect in the treatment of patients as it can have a major impact on their day-to-day life.

The treatment of a leg ulcer calls for different techniques, associated with etiological treatment, such as punch skin grafting (PSG). It is a simple method that obtains less than 0.5 cm in diameter of skin graft under a local anesthetic, removed from the patients' thigh and placed on the recipient site of the ulcer (Fig. 1). The treatment may be carried out on an outpatient or during hospitalization (customary duration of 7 days). It allows a fast epithelialization of the wound, reducing the healing time. The grafts ease the pain due to growth factors brought by the cells [7].

Others painkiller techniques used to treat wounds, such as hypnosis or local anesthetic, contribute to saving oral medications, such as morphine, which is known for presenting numerous side effects. From our daily experience, we noticed that patients' pain was relieved after punch skin grafting. This finding has also been demonstrated in a

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