

Losses of Substances in Dermatology: Etiological Panoramic View and Therapeutic and Evolutive Modalities

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LETTER TO THE EDITOR

Sir,

Substance loss is a common reason for consultation and hospitalization in dermatology. Etiologies are many and varied and the care is often long, delicate and requires a multidisciplinary collaboration. We present the results of a prospective study, conducted over a period of 8 months (September 2017-April 2018) in the Dermatology Department of the Mohammed V Military Training Hospital in Rabat.

35 cases were included, including 24 men and 11 women, the age of patients ranged between 16 and 80 years with an average of 49.88 years. The observed losses were 31.5% ulcers, 20% plantar pains, 14.5% pressure ulcers, severe erysipelas and necrotizing fasciitis 11.5%, pyoderma gangrenosum 8.5%, skin necrosis 6%, vasculitis 5% and burns 3%. The size of the lesions varied between one centimeter and more than 30 centimeters with an average of 4.28 centimeters. The lesions were: 34% feet, 34% legs, 15% sacro-trochanteric, 6% upper limbs, 5% trunk, 3% thigh and 3% scalp. The underlying sites were: diabetes 29%, vascular 26%, neurological 23%, obesity 6%, hematological diseases and chemotherapy 6%, systemic diseases 6%. The risk factors for poor healing were: 77% infection, 46% anemia and 34% hypo-proteinemia/hypo albuminemia. The treatments used were: 100% local and adapted dressings, 100% local and/or general antibiotherapy, 66% debridement/trimming, 49% hyperbaric oxygen therapy, 23% Bioptron light therapy, 15% systemic corticosteroids, 9% PRP, 6% skin grafts and anticoagulants 3%. 20 patients healed between three weeks and six months with an average of two months, three patients died and the others are in progress.

The loss of skin substance is a headache for the dermatologist both in the diagnostic etiological and therapeutic stage. Our study, and in the shortage of similar studies, shows: the male predominance and the relatively young age of the losses of substance in our context, three etiologies (ulcers, plantar perforating diseases and pressure ulcers) represent two thirds of the etiologies, the lower limbs are the preferred seat (86%), Diabetes, vascular failure and



Figure 1: Bedsores from the sacred region.

neurological involvement are the main beds for the occurrence of loss of substance (73%), the relative frequency of the factors of poor healing, the interest of combining several therapies, some of which are innovative, the long duration of management and the administrative burden of hospitalization, shows the importance of outpatient management after the initial phase [1-5].

The loss of substances in dermatology has a high frequency, a high cost, a high risk of complications and deaths, hence the interest of prevention and a multidisciplinary collaboration of quality (Figure 1).

CONFLICTS OF INTEREST

The authors declare no conflict of interest for this work.

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