

Distinguishing Arterial, Diabetic, & Vascular Ulcers

Arterial Ulcers	Diabetic Ulcers	Venous Ulcers
Predisposing Factors		
<ul style="list-style-type: none"> Peripheral vascular disease (PVD) Diabetes mellitus Advanced Age 	<ul style="list-style-type: none"> Diabetic patient with peripheral neuropathy 	<ul style="list-style-type: none"> Valve incompetence in perforating veins History of deep vein thrombophlebitis and thrombosis Previous history of ulcers Obesity Advanced age
Anatomic Location		
<ul style="list-style-type: none"> Between toes or tips of toes Over phalangeal heads Around lateral malleolus At sites subjected to trauma or rubbing of footwear 	<ul style="list-style-type: none"> On plantar aspect of foot Over metatarsal heads Under heel 	<ul style="list-style-type: none"> On medial lower leg and ankle On malleolar area
Wound Characteristics		
<ul style="list-style-type: none"> Even wound margins Gangrene or necrosis Deep, pale wound bed Blanched or purpuric periwound tissue Severe pain Cellulitis Minimal exudate 	<ul style="list-style-type: none"> Even wound margins Deep wound bed Cellulitis or underlying osteomyelitis Granular tissue present unless PVD is present Low to moderate drainage 	<ul style="list-style-type: none"> Irregular wound margins Superficial wound Ruddy, granular tissue Usually no pain Frequently moderate to heavy exudate
Patient Assessment		
<ul style="list-style-type: none"> Thin, shiny, dry skin Hair loss on ankle & foot Thickened toenails Pallor on elevation and dependent rubor Cyanosis Decreased temperature Absent or diminished pulses 	<ul style="list-style-type: none"> Diminished or absent sensation in foot Foot deformities Palpable pulses Warm foot Subcutaneous fat atrophy 	<ul style="list-style-type: none"> Firm edema Dilated superficial veins Dry, thin skin Evidence of healed ulcers Periwound and leg hyperpigmentation Possible dermatitis