




Educational Updates/FAQ's

Topic: General Characteristics of Lower Extremity Ulcers

Wound Characteristics	Venous Wounds	Arterial Wounds	Diabetic/Neuropathic Wounds
			
Most common locations	Medial lower leg (called the "gaiter area" along the distal saphenous vein)	Anterior/Lateral lower leg and digits	Bony prominence of foot; Metatarsal head; Plantar; Pressure bearing surfaces; Heels; Charcot Deformity
Depth/ Edges	Shallow, diffuse, irregular edges	Deep, punched out appearance	Shallow to deep, callused edges
Wound Bed	Clean w/viable red granulation tissue; Moist	Pale; Necrotic; Dry	Varies, can be pale if arterial involvement; Commonly dry
Edema	Swelling in lower extremities	Periwound edema	Not common
Staining (Hemosiderin deposits)	Yes; Periwound and lower leg	None	None
Pulses	Present	Faint or absent	Present, can be faint, absent or bounding
Wound Pain	Typically not severe, but may have some discomfort, especially burning	Typically yes	Depends on level of neuropathy; May see increased pain w/ infection
Limb Pain	Typically yes, when leg is dependent	Yes, when leg is at work (intermittent claudication) or when elevated	Not typically
Ankle Brachial Index=ABI	Adequate blood flow; ABI>0.8 unless mixed disease with PAD	Blood flow impaired; ABI<0.9	Varies; ABI may be falsely elevated due to calcification of the vessels with diabetes, toe pressures are more reliable