



History of Ulcer

Color index :

Important

Further explanation

[Editing link](#)

Overview :

- Ulcers are abnormal breaks in an epithelial surface
 - Patients notice ulcers from the moment they begin, and will know a great deal about their clinical features
-

Differential Diagnosis :

1 - Venous ulcers :

- Found in the **lower medial third** of the lower limb.
- Primary varicose veins and post thrombotic deep vein damage are considered as Risk factors
- Symptoms: aching pain , tenderness of the skin , very **smelly discharge** and **usually painless**

2 - Ischemic ulcers (IU)

- Usually manifest at the ends of the limbs.
- It is rare to see ulcers caused by arterial disease at the base of the limbs or on the trunk
- Risk factors: Elderly , large artery obliteration , Small artery obliteration , Radiation, trauma , electrical burns and Physical agents such as prolonged local pressure
- Symptoms : **Very painful** “rest pain” with **thin serous Discharge + no bleeding**

3- Neuropathic (Trophic) ulcers

- Is an ulcer which has developed as the result of the patient's **insensitivity to repeated trauma**.
- Commonly with **neurological disease** which cause loss of the appreciation of pain and light touch
- occur over **pressure points**
- Causes: Peripheral nerve lesions (DM, nerve injuries and leprosy) and Spinal cord lesions (spina bifida, tabes dorsalis and syringomyelia)
- diagnostic features: **Painless** , the surrounding tissues are **unable to appreciate pain** also the surrounding tissues may have normal blood supply

4- Neoplastic ulcers

- The ulcers caused by basal and squamous cell carcinoma

5- Infective : (TB , Syphilis)

Personal data

Chief complaint

History of presenting illness

When was the ulcer first notice?	
How did you notice the ulcer?	<ul style="list-style-type: none">→ Pain (think about IU)→ Bleeding→ Purulent discharge→ Foul smell
Where is it (site)?	<ul style="list-style-type: none">→ Legs :<ul style="list-style-type: none">A- DiabetesB- Venous or arterial insufficiency→ Mouth (mouth sores):<ul style="list-style-type: none">A- Herpes simplex "type1"B- syphilis→ Back:<ul style="list-style-type: none">bedridden patients
What is the first symptom of the ulcer?	<ul style="list-style-type: none">→ Pain "Does it interfere with your daily activities such as walking eating or defecation ? "→ Bleeding
Is there any changes from the time you got it ?	<ul style="list-style-type: none">→ Size→ Shape→ Color of discharge and amount→ Pain→ Color of surrounding skin
Does it disappear or is it persistent?	
Do you have any other ulcer anywhere else?	
Did you ever have an ulcer like this in the past?	
What do you think is the possible cause of this ulcer	<ul style="list-style-type: none">→ Trauma " if yes assess the type and severity"

Is there any associated symptoms?	<ul style="list-style-type: none"> → Fever → Weight loss → Night sweat → Loss of appetite
-----------------------------------	---

Risk factors ?	<ul style="list-style-type: none"> → DM → HTN → Hyperlipidemia → Coronary Heart Disease → Vascular Disease
----------------	---

Past history

Medical: were you hospitalized for a long time ? Surgical Medications Allergy	Medical is important because bed-ridden patients develop pressure ulcers commonly found over bony prominences e.g. occipital, scapula , heel , and sacral bones.
--	--

Family History

Social History

Do you smoke?	<ul style="list-style-type: none"> → For how long? → How many per day? → Did you stop and when? → Do you develop any complication?
---------------	--

Do you drink alcohol?	<ul style="list-style-type: none"> → For how long? → How many per day? → Did you stop and when? → Do you develop any complication?
-----------------------	--

Sexual activity	Some STDs can cause ulcer "herpes"
-----------------	------------------------------------

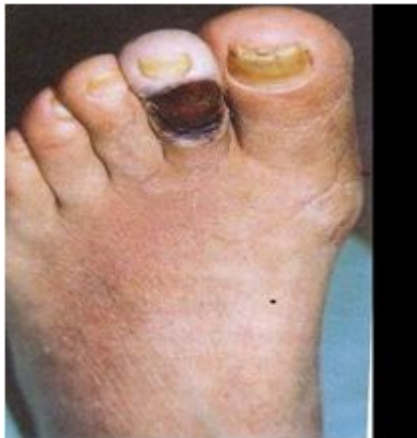
Systemic review

Narrowing the differential diagnosis:

- Painful or painless ?
- The site of the ulcer ? Pressure points ?
- Risk factors and associated symptoms for each type ?
 - A) history of prior claudication or symptoms of generalized vascular disease such as chest pain+ Smoking, **Suggest Ischemic**
 - B) History of Numbness, paresthesias, burning, loss sensation in foot, DM **Suggest Neuropathic**
 - C) History of Varicose veins, DVT, trauma, surgery, multiple pregnancies; aching/swelling worse at end of day, relieved with elevation **Suggest Venous**



Venous ulcers



Ischemic ulcers



Neuropathic
ulcers

Done by :

Nada Alamri

Abdulrahman Almizel