

## Launch of



# Wounds


## INTERNATIONAL

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The launch of Wounds International in November 2009 at the Wounds UK annual Harrogate conference will be a significant landmark in wound education and create a number of new opportunities to support healthcare professionals involved in the care of patients with wounds from around the world. This development follows the coming together of SB Communications Group, Wounds UK and Medical Education Partnership (MEP) under the umbrella of Schofield Healthcare Media Ltd (SHML).

The face of Wounds International will be an online wound management resource, which will be available at [www.woundsinternational.com](http://www.woundsinternational.com) from November. Visitors to the site will be able to access freely a wide range of educational materials on a variety of topical areas. The Wounds International Resource Centre, organised around 11 key categories, will draw on the extensive portfolio of published materials, including articles, guidelines, books, videos and translations from Wounds UK, MEP and The Diabetic Foot Journal, with links to related journals and resources. All content is written for the multidisciplinary audience with the intention of achieving a wide dissemination throughout the world. This includes hands-on clinicians working at various levels in different countries, as well as experts in the field and educationalists who will be able to use

**Kathy Day is Publisher; Suzie Calne is Editor; Edward Rusling is Business Director; David Gray is Clinical Director; Dr Douglas Queen is International Advisor; Professor Keith Harding is International Advisor of Wounds International**



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INTERNATIONAL

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**Management of a large necrotic neck wound. A case report**

09/11/09 | Pressure ulcers | Lisa Ooi Lay Theng



**This case study follows the progress of a patient with a large necrotic neck wound and the challenges this presented for the care teams working in a large non-profitable hospital in Malaysia.**

**Introduction**

Mrs A, a 48 year old housewife, presented at the accident and emergency department with a history of a severe throat pain and fever for one week. On examination she had an axillary pyrexia 38.5 °C and blood pressure 110/60 mmHg. Her tonsils were inflamed and swollen. In addition, she appeared dehydrated, lethargic, emaciated and breathless on movement.

On further examination, there was a large necrotic ulcer on the back of her neck and two smaller ulcers in the spinal region. All three ulcers had been covered using a dry gauze dressing to provide protection from further damage. Routine investigations and blood tests were undertaken and Mrs A was admitted as an inpatient. She was diagnosed as having severe agranulocytosis, acute follicular tonsillitis and a neck ulcer wound. Subsequent results revealed *Klebsiella pneumoniae* (a gram-negative bacterial infection) (Box 1).

**Box 1 Microbiology and blood results**

Low haemoglobin

Allergies to paracetamol, etoricoxib (Arcoxia), aspirin, mefenamic acid (Ponstan) and penicillin

Severe agranulocytosis, risk of infection and sepsis

Throat swab revealing *Klebsiella pneumoniae*

It was decided to reverse barrier nurse the patient in protective isolation due her poor immune status and to commence intravenous azithromycin (Zithromax).

**Forty-eight hours after admission**

During the first 48 hours after admission, Mrs A's condition did not show much improvement and she remained continuously febrile. She complained of worsening odynophagia (pain on swallowing) and dysphagia and was unable to eat. A CT scan showed a retropharyngeal abscess (RPA).

The risk of RPA is especially high in patients who are immunocompromised and they usually develop secondary to lymphatic drainage or spread of upper respiratory or oral infections. They carry a high risk of airway obstruction [1]. RPAs are relatively rare in adults, but due to their high mortality and morbidity rate, early recognition of RPA is important.

Mrs A's condition continued to deteriorate with severe breathlessness even at rest. She was transferred to the intensive care unit (ICU) where she was intubated and ventilated. A repeat nasoscopy revealed severe laryngopharyngeal candidiasis secondary to carbimazole. This had also affected her gastrointestinal tract and she was experiencing frequent loose watery stools.

**After two days in the ICU**

Mrs A's condition was more stable and she was transferred to the general ward after two days in the ICU. During assessment by the ward nurses, the large wound on Mrs A's neck was found to have deteriorated and this had developed a large blister with surrounding neck oedema. She was unable to turn her neck from side to side and she felt tightness around the back of the neck. Mrs A was referred by the surgeon to the ulcer care team (UCT).

The UCT is a new facility within the hospital, although at the time it was not operating officially due to financial constraints. However, its existence was known to several doctors, who on occasion, sought specialist wound management advice from the team.

**Page Points**

- 48 year old woman presenting with a necrotic ulcer and two smaller ulcers in the spinal region
- Throat swab revealed *Klebsiella pneumoniae*

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**FURTHER READING AND RELATED RESOURCES**

- > Best Practice Statement: Optimising Wound Care
- > Best Practice Statement: Minimising trauma and pain in wound management.
- > Thomas, S. The role of dressings in the treatment of moisture-related skin damage. World Wide Wounds

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**UPCOMING EVENTS**

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the materials for teaching purposes or for building a case to improve standards of patient care in their particular institution. To facilitate personal study, users of the resource centre will be able to search the online content for particular articles or topic areas and access related links and resources. In time, the site will also aim to provide information on university and distance-learning wound management courses as well as links to e-learning materials.

The launch of Wounds International will be marked by the introduction of a new quarterly online practice-based journal. The aim is for this journal to provide a unique service for clinicians and offer a one-stop update on the most important developments in wounds with links to or recommendations for further reading, related research and review articles. The content will be interesting, relevant and useful.

The journal will be made up of a number of sections and include 'innovations in wound care', which will focus on a particular wound type in each issue, as well as case reports and a digest to update clinicians on what's new in relation to research, publications and guidelines on the chosen wound type. In addition, each issue will have a 'made easy' section, which will provide easy to understand information on a complex topic area. The topic selected for the first issue will be MMPs and this will describe what MMPs are and the importance of their role in normal and disrupted wound healing.

Commentary from clinicians representing different countries will be used to highlight particular challenges and to present a global perspective.

In putting together the innovations section for the launch issue of the journal it was decided to focus on the important topic of pressure ulcers. This will present a summary of current thinking and offer an insight into the latest global developments using a number of clinicians from around the world to describe what innovation or piece of research has most influenced

their practice. The editor of the Wounds International journal, Suzie Calne, believes that this will become an essential online wound management journal for clinicians to read to keep updated.

In addition to the online journal, Wounds International will continue to build on its extensive portfolio to develop a range of new initiatives and activities. This will offer the potential to create a variety of dynamic resources such as webinars, podcasts, videos and other interactive learning materials to encourage wider access and engage more healthcare professionals from around the world. In addition, Wounds International will continue to provide traditional printed publications in the form of best practice statements, consensus guidelines and position documents with opportunities for increased collaboration and dissemination using the online resource.

To support these activities, Wounds International plan to hold an international event to allow clinicians from both the developed and developing world to share their experiences. Our intention is to adopt a novel approach, using advances in media technology to facilitate global interaction and dissemination, whilst recognising the importance of networking and audience participation. Wounds International also plans to organise smaller focused educational events to support local wound management communities, including masterclasses and roadshows on different aspects of wound management.

By working closely with clinicians, societies and industry, Wounds International will aim to be an all-inclusive initiative. In particular, Wounds International will encourage participation from healthcare professionals from all disciplines from all over the world and acknowledge their individual contributions. This may be through activities such as writing, reviewing or commenting on an article or document; through working with individuals to set up local events; or by offering advice on key issues that need to be addressed.

In addition, all known wound management or wound-related associations and organisations will be invited to participate in Wounds International. For some initiatives we will work closely with relevant groups to maximise the international value and educational possibilities of our activities. At Wounds International we are compiling an index of all such associations who wish to be involved and will offer these groups the opportunity to publicise any events or activities they may wish to share with our readers. For those individuals who do not yet have a wound management society in the country where they work or access to tissue viability specialists, we hope that this may provide useful contacts and support.

Wounds International also recognises the important contribution to education made by industry. For this reason, we will be creating an online directory of all relevant wound management companies located around the world and will be happy to hear from companies who have not already been approached. This will be used to develop a useful resource for those readers wishing to know more about products, their availability in different countries and the evidence supporting their use in indicated wound types. In addition, Wounds International will publish independent product reviews and updates on established dressing technologies and devices with links to related resources held on the website or externally.

By working with industry, Wounds International is able to offer its readers free access to the site from anywhere in the world. But it is through its strong collaboration with clinicians that Wounds International will become recognised as a credible source of high-quality essential wound management information that addresses both the needs of those in the developed and developing world. This, combined with the energy and passion of the Wounds International team, will create many more opportunities for different levels of participation worldwide. To find out more, visit [www.woundsinternational.com](http://www.woundsinternational.com). **WUK**