

UNHEALED DERMAL LESION

An *unhealed dermal lesion* exists when a wound has failed to complete the process of healing. Of interest to us are those dermal lesions that are healing slower than normal or have chronically failed to complete the healing process, becoming static. Lesions may include some forms of acne, decubitus ulcer, surgical incisions, diabetic ulcers, cuts, punctures and lacerations, all with or without obvious bacterial infection.

Unhealed dermal lesions may appear to be dry or wet (wetness usually implying active infection). The sub dermal tissues may be exposed or covered with pus or necrotic debris. The lips of the lesion may be flat and normal in color, or swollen and red or mottled in color (implying inflammation and infection). The lips of the lesion and other tissues in close association may be hot or cool to the touch. The patient may complain of burning sensations, dull or sharp aching, sharp tearing pain, or disconcerting

numbness. However, it may also happen that the lesion may be painless or may simply *feel tight*.

Treatment

Phonophoresis of di-alpha tocopheryl (vitamin E oil) into the lesion, prolonged electrical stimulation (low frequency TNS), and brushing around lesion edges, are jointly effective for accelerating or completing the healing of the chronically unhealed dermal lesion. Conditions treated successfully include decubiti, diabetic ulcer, closure resistant surgical incision, cuts, lacerations, punctures, and acne lesions. If infection is present, it may be treated with pulsed waveform, low amplitude (0.8 to 1.2 W/cm²) ultrasound (refer to Ultrahigh Frequency Sound (Ultrasound), Wound Healing).