ABNORMAL WOUND HEALING

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Various factors can adversely a ff ect wound healing (Summary box 3.1). Some wounds fail to heal in a timely and orderly manner, resulting in chronic non-healing wounds, signifi cant morbidity and poor cosmesis. On the other hand, Summary box 3.1 Local and systemic factors infl uencing wound healing /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF , described these nodes in 1878.

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Immunocompromised (e.g. acquired immunode /f_i ciency

syndrome) Medications (e.g. steroids, immunosuppressants, chemotherapy)

inflammation can result in excessive scar tissue, for example hypertrophic and keloid scars. These abnormal scars contain excess collagen, which is arranged in a disorganised pattern in keloid scars as opposed to a parallel pattern in hypertrophic scars. Hypertrophic scars do not extend beyond the boundary of the original incision or wound and eventually regress. They are more common in areas of increased tension, wounds crossing tension lines , deep dermal burns and wounds left to heal by secondary intention (longer than 3 weeks). Keloid scars extend beyond the boundaries of the original incision or wound (Figure 3.5), do not spontaneously regress and are di ffi cult to treat. The aetiology is unknown but genetic predisposition is implicated. They often occur as a result of relatively minor trauma and mainly in those with dar ker skin pigmentation. ABNORMAL WOUND HEALING

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