

AUSTRALIAN WOUND AND SKIN ALLIANCE SUMMER SCHOOL 9/2/24

INVESTIGATIONS, THE ART AND SCIENCE OF DIAGNOSING

A HOLISTIC VIEW

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WE DON'T KNOW IF WE DON'T ASK OR LOOK

01

TAKE A THOROUGH HISTORY – you can use a handout, tick the box, to streamline the process

02

INCLUDE A CURRENT MEDICATION LIST

03

EXAMINE AND TAKE PHOTO DOCUMENTATION OF THE WOUND(S)

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THE PATIENT CAN USUALLY TELL YOU
THE DIAGNOSIS

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**Note the concerns of the patient and family about the
current wound condition and management**

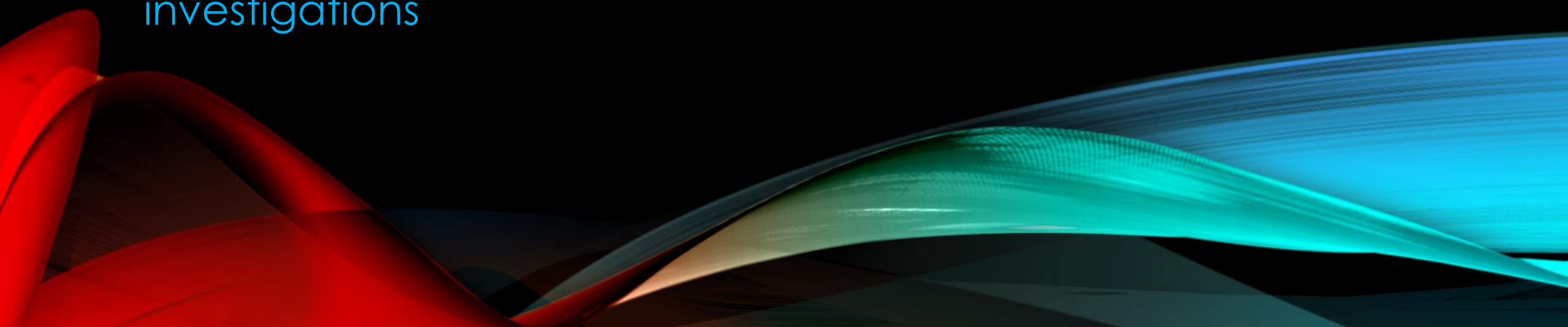
The background features abstract, flowing waves of light. On the left, there are vibrant red waves that transition into a teal and blue gradient on the right. The waves have a soft, ethereal glow and a slight grid-like texture, creating a sense of movement and depth against the dark background.

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KNOW YOUR PATIENT POPULATION

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This will help direct your questions, examination and investigations



INVESTIGATIONS

- **Wound swab** – doesn't need a specialist lab unless you think it **needs somethings specific** ie Buruli ulcer needs **PCR (for expedient Dx)** to confirm M.ulcerans
- **Punch biopsy** should include **wound edge for comparison**
- **FBE, U&E, LFTS** which includes serum albumin, **CRP, ESR**
- **HbA1c**
- **Dopplers, venous and arterial scans won't be covered in this session**

SPECIFICS

- Suspected osteomyelitis – probe to bone
plain xray- put on form suspected osteomyelitis

**This may lead to CT/MRI but is usually
not the first investigation**

MALNOURISHMENT

- Elderly
- Reduced appetite
- Impaired cognition
- Socially isolated
- Heavy alcohol intake
- Medications
- Cancer
- Socioeconomic circumstances
- Depression

MALNOURISHMENT

- **This is mostly a clinical diagnosis**
- Take a **dietary history**
- Include portion sizes, size of palm is my go to
- Ask family to collaborate if possible
- **In the community setting**, besides a serum albumin/renal function, blood tests for specific vitamin, nutrient deficiencies **aren't really going to change your management**
- Increase protein intake
- Increase fruit and vegetable intake
- Addition of multivitamin
- Referral to a Dietician
- TREAT THE CAUSE

VASCULITIS AND AUTOIMMUNE DISORDERS

- Cutaneous vasculitis
 - capillaritis
 - small vessel vasculitis
 - medium vessel vasculitis
 - large vessel vasculitis
- Auto immune disease and wounds
- **Rare**
- **Require specialist diagnosis and intervention**
- Eg Pemphigus/Pemphigoid
- Drug induced eg hydroxyurea, vancomycin



**DEVELOP
RELATIONSHIPS**

**HAVE A
COLLABORATIVE
APPROACH**

GP's
Radiologists
Microbiologists
Pathologists
Dermatologists

Vascular surgeons
Orthopaedic surgeons
Plastic surgeons
Physician/ID physician



REFERENCES

- Dermnet NZ
- RCAP- the Royal College of Pathologists of Australasia
- Medicare Australia