Centre hospitalier universitaire vaudois

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Not an IAD

What else could it be ?

Introduction

Since 2015, Lausanne's university hospital has been managing incontinence-associated dermatitis (IAD) by handling incontinence and by implementing an institutional skin care bundle based on international recommendations. Although the skin care regimen has been respectfully applied and incontinence coped with, in some cases, wound care nurse specialists are called to the rescue. The patients' skin is not healing, even the situation is getting worse. What could be these atypical wounds?

This case series is to demonstrate different strategies of care plans for patients with a diagnosis of incontinence-associated dermatitis and adequate skin care regimen but non-healing wounds.

Method

Wound care nurse specialists' interventions

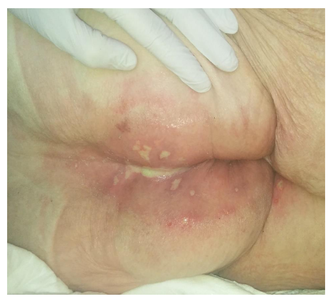
8 patients presenting incontinence and skin lesions in the sacral region were diagnosed with incontinence-associated dermatitis and the standard skin care bundle had been introduced.

Because patients were not responding to adequate skin care protocols for IAD, wound care nurses were asked to get involved in patient's wound care plans.

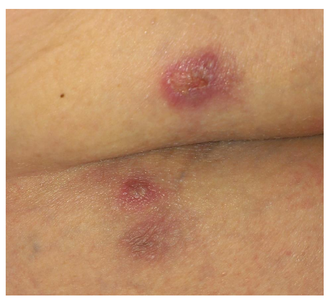
Wound care nurse specialists explored differential diagnosis to IAD. It was important that pressure ulcers were excluded in these cases since IAD is often mistaken with PU. Furthermore, atypical wound beds and intense pain being expressed by patients, swabs in search of bacterial and virus' contamination were done.

Results

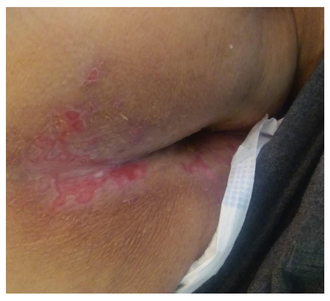
PATIENT	GENDER	URINARY INCONTINENCE	FECAL INCONTINENCE	IMMUNOSUPPRESSION	VULNERABILITY STATE PRIOR TO LESIONS
1	F	Yes	Yes	None	Yes
2	F	No *(urinary catheter)*	No	Chemotherapy last 6 months	Yes
3	M	No	Diarrhea episodes prior to lesions	Cortisone, Tacrolimus and Azathioprine	Yes
4	F	No *(urinary catheter)*	Yes	None	Yes
5	M	Yes	Diarrhea episodes prior to lesions	Cortisone	Yes
6	F	Yes	Yes	Cortisone and Methotrexate	Yes
7	F	Yes	No	None	Yes
8	F	Yes	Yes	Cortisone	Yes



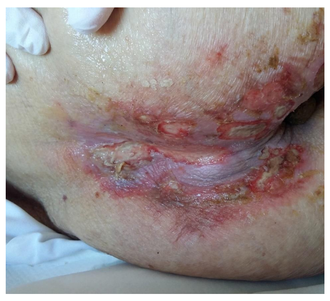
Patient 1, 84 years old



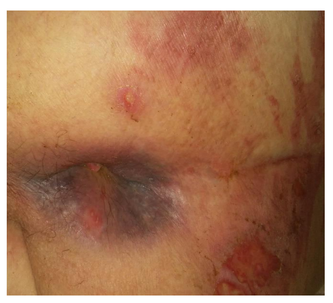
Patient 2, 71 years old



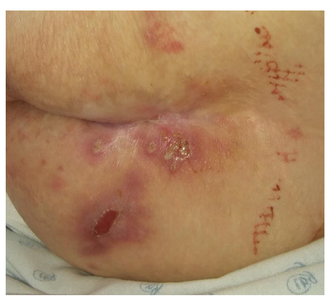
Patient 3, 76 years old



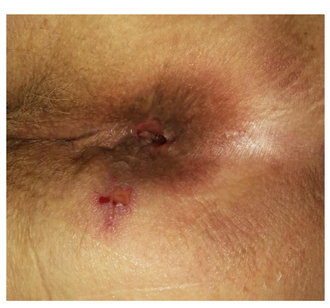
Patient 4, 70 years old



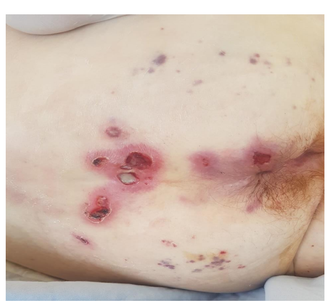
Patient 5, 74 years old



Patient 6, 75 years old



Patient 7, 91 years old



Patient 8, 85 years old

Discussion

8 patients hospitalized and treated for an IAD. Skin lesions appeared before or during hospitalization, in combination of an incontinence period. 75.0 % (n = 6) were female. Patients were hospitalized in different vulnerable state and 62.5 % (n= 5) suffered from urinary incontinence and half of them (n = 4) from fecal incontinence. Two patients presented episodes of diarrhea before lesions appeared. IAD was identified and managed by Healthcare professionals. Patient no. 2 was not incontinent. Standard skin care regimen was not efficient to control the situation. A swab was done. In each wound, all wound swabs were positive for herpes simplex type 2 (HSV2).

Herpes simplex virus hides in nervous nodes and descends to the corresponding dermatome in the event of decreased immunity or other solicitation. In this case series, 62.5 % (n = 5) were immuno-depressed and solicitation might be related to humidity and friction due to incontinence and compromised mobility.

HSV1 is mostly located around or in mouth and nose cavity. HSV2 is rather genital and has a prevalence of about 30%. It is considered a sexually transmitted disease. Antiviral drugs and antiviral antiseptics should be considered for the treatment of the lesions.

Conclusion

When treatment of a wound is not responding to an adequate protocol based on a certain diagnosis, clinicians must rethink their approaches. Differential diagnosis must be explored.

In case of non-healing and when erosion persists, it is important to think about HSV and seek it out. Evocative clinical aspect are small vesicles or clusters of small painful vesicles that have been pierced.

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