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LEG ULCER PROGNOSTIC FACTORS FOR DELAY HEALING: A SCOPING REVIEW

WOUND CARE - FROM ART TO SCIENCE
ALLA SCIENZA: L'EVOLUZIONE DELLA CURA DEL

Authors

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Background

The high prevalence of leg ulcers and their complications has consequences for people's quality of life and makes the topic a relevant focus of attention for healthcare professionals^(1,2).

A prognostic factor is a variable measurable with clinical outcomes regardless of treatment, to predict the outcome and a relationship between exposure and outcome⁽³⁾.

Aim: To identify prognostic factors for delayed healing of leg ulcers in adults.

Keywords: Decision Making; Leg Ulcer; Prognosis; Wounds and Injuries; Wound healing;

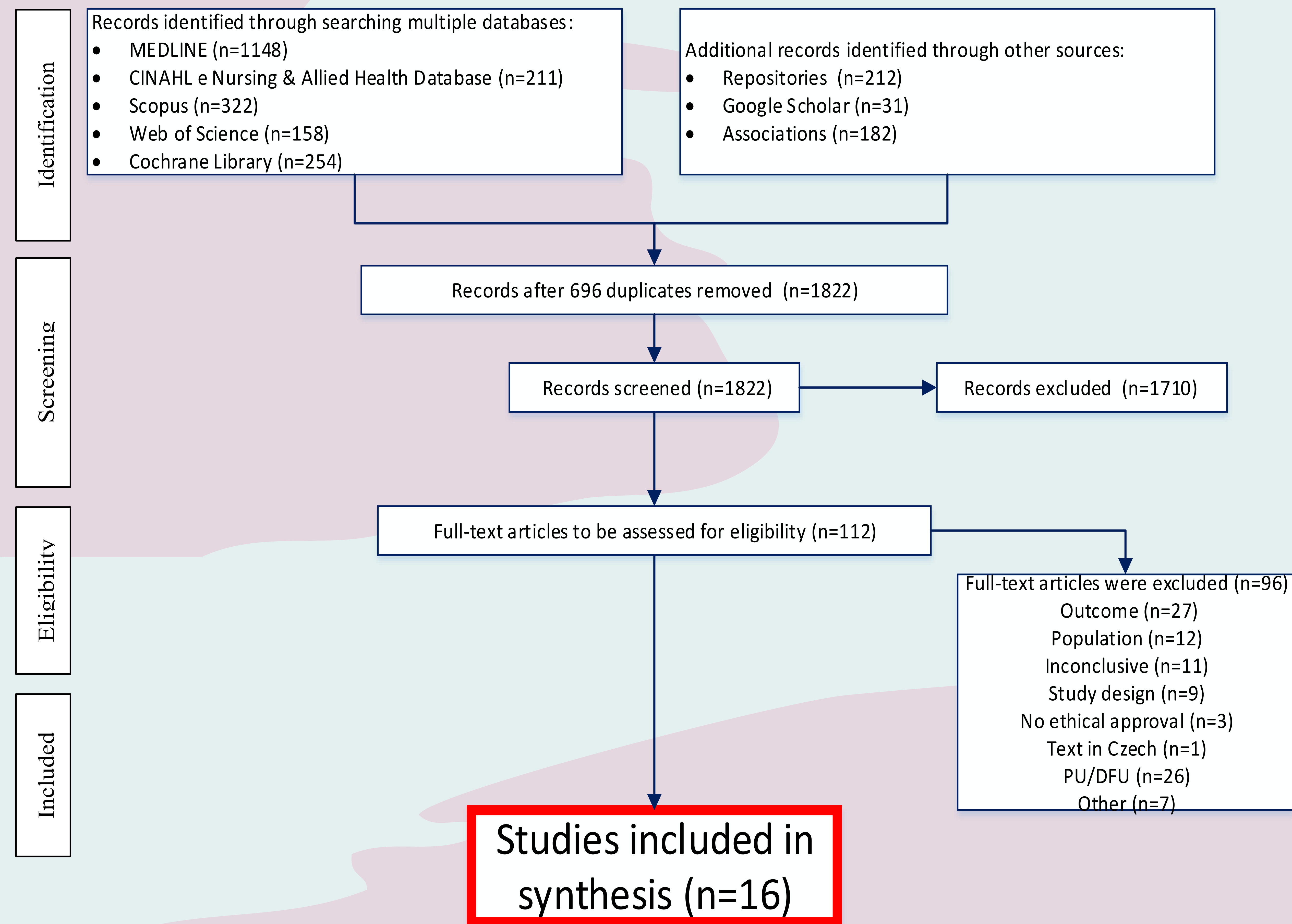
Method

A **scoping review** based on the JBI methodology and guided by the Checklist of PRISMA- ScR. The inclusion criteria consisted of PCC mnemonic (Participants, Concept, Context).

5 data bases and grey literature sources were used to research adults with leg ulcers and report the Prognostic Factors (PFs) for delayed healing in all healthcare settings.

This scoping review uses quantitative and mixed studies, guidelines, dissertations and theses published in the **last 5 years** were considered.

We use EndNoteWeb and Rayyan. The PFs were divided by categories: person's characteristics, ulcers and complementary diagnostic tests.



Results

- **Sixteen** original peer review articles were included.

Venous leg ulcers (VLU) (n=4)

- Gender (male), deep venous disease, history of deep venous thrombosis, depression, nonwhite, wound duration (>6months), wound area (>5cm²), wound location (ankle), previous ulcer duration, non-reduction in MMP-1 and MMP-2 in the first 4 weeks and decrease in gene for promoting wound healing and increased in gene for inhibiting wound healing⁽⁴⁻⁷⁾

Critical limb-threatening ischemia (CLTI) (n=12)

- Chronic kidney disease and/or dialysis, coronary artery disease, DM, use insulin, nonambulatory status, high stage Wifl classification, infection, gangrene, wound duration (>2 months), wound location (dorsal), albumin level <3g/dL, high CRP, lower hemoglobin, poor of below-the-ankle runoff, occluded plantar arch, low ABI, TBI and SPP, malnutrition status (score ≥5 CONUT) and lower pre- and post-endovascular therapy temperature (infrared thermography) of the feet⁽⁸⁻¹⁹⁾

- **Japan** (n=8) and the **USA** (n=2) and **2019** (n=4) and **2021** (n=4) were the countries and years with the highest number of publications.
 - The **hospital** (n=11) was the main context of care.
 - The included study designs were **retrospective** (n=10) and **prospective**(n=6) cohort studies.

Conclusion

Through the prognostic factors, it is possible to warn of imminent delays and adopt more invasive strategies, guided decisions for treatment and making referrals. It can also help the healthcare professional to manage the person's expectations regarding wound healing.

Scarcity of prognostic studies related to VLU.

References



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