

The Canadian Pemphigus and Pemphigoid Foundation

Wound Care

Pemphigus and pemphigoid can be difficult to control depending on how severe and widespread the blisters become. In some cases, these lesions are manageable since they are restricted to one area. For many patients, however, lesions can spread quickly. Without proper care and treatment, they can take months to heal. To help support the healing process, we have prepared this information bulletin on wound care.

Different Types of Lesions

Pemphigus is a rare, relapsing disease that causes blistering of the skin and mucous membranes. In these patients, the immune system views cells in the skin and mucous membranes as invaders, then reacts against the body. This reaction dissolves the intercellular cement or glue that keeps the skin layers together and leads to skin lesions that appear as redness, erosions and sometimes ulcers covered by a crust.

In pemphigoid, the immune system reacts against a deeper layer of the skin (i.e., the layer that separates the epidermis from the dermis). When this layer dissolves, a blister forms. Because the "invasion" is happening at a deeper layer, the "roof" of the blister is strong enough to stay in place, but it can rupture. The fluid from the blister can dry and become a crust.

For both diseases, but especially for Pemphigus Vulgaris, symptoms often start in the mouth. Lesions can cover different areas of the skin, including the scalp and skin folds. If not properly cared for the affected areas can become infected. Hence, proper wound care is required to minimize the risk of infection and support healing.

Know Your Terms

Blister: a small pocket of fluid within the upper layers of the skin.

Erosion: a loss of the superficial layer of the skin (epidermis), including an epidermal base that heals without scarring.

Lesion: any skin abnormality or damage due to disease.

Ulcer: the loss of skin (dermis and epidermis) with a dermal base that leaves scars. If left to dry, a crust often forms on top of the ulcer and serves as a protective coat.

Epidermis versus Dermis: skin is made of three layers (superficial to deep): epidermis, dermis and subcutaneous tissue.

Critical Steps to Effective Wound Care

Multiple studies show that wounds heal faster when they are kept moist and covered. In people with pemphigus and pemphigoid, superficial lesions can be left open. Deep lesions and ulcers, however, should be covered and ideally contained within a moist environment to promote healing.

When caring for active lesions or wounds, patients should consider the following:

- Once a lesion becomes deep, clean it with gentle saline (i.e., salt water) cleansers if necessary. Gently pat skin dry so as not to further traumatize the area.
- Unless directed by your dermatologist, do not use topical antibiotic creams as they might create hypersensitivity on the skin, which will make your skin prone to damage and tearing. If you do use a prescribed antibiotic cream or ointment, use a tongue depressor to apply it thinly and evenly on the dressing (not the lesion) to cut down the frictional resistance. Then apply the dressing.
- Add moisture to the wound area by applying emollients such as petrolatum (e.g., Vaseline petroleum jelly). Use a tongue depressor to apply it thinly and evenly on the dressing. Apply a dressing/bandage such as non-adhesive silicone dressings (e.g., Mepilex, Mepitel). Avoid tapes and gauze which can further tear fragile lesions and may create more of them.

- Do not remove dressings that are stuck to the skin. Rather, soak with saline or water for about 15 minutes or until you feel the dressing will come off without lifting the skin.
- Replace dressing if it sticks to the skin. If the wound is dry, use a dressing with more moisture.
- If wounds are clean and healing well, it is not necessary to clean again. Most dressings can be left in place for 2 to 4 days.
- In some cases you will have to remove the bandage. To do so with the least amount of impact, remove by releasing laterally before pulling up.
- Pemphigoid patients should not pop blisters unless they are large and intense. If you do puncture a blister, do so in multiple areas to ease drainage. Do not apply pressure on top of the blister because you might extend it. Drain the fluid by applying gentle pressure on the wound using clean gauze and leaving the overlying skin in place. Always use a sterile instrument if you puncture blisters. The blister roof should not be removed.

Dealing with Challenging Areas

Many lesions will appear in accessible areas and will be easy to address. Some patients, however, have lesions in hard-to-reach areas.

Nail Care

Keep your nails short. A nail is too long if it poses a risk of injury to your skin (i.e., tearing). Cut straight across, leaving a small margin of free nail. Do not traumatize the nails when you are cutting or filing them. You may wish to use a urea cream (e.g., Uremol 20% cream) to soften the nails. If you lose a nail at the nail bed because of pemphigus, keep the area clean and covered until all erosions are healed. If there are stands of nail left, they will need to be cut and removed.

Other Areas

For lesions in the groin and genital area, apply creams with a gauze pad as described above. Sometimes bandages are not possible. Wearing boxer type shorts or loose fitting 100% cotton underwear can help minimize friction. Use white vinegar in the rinse cycle of the washing machine and avoid fabric softeners and bleach.

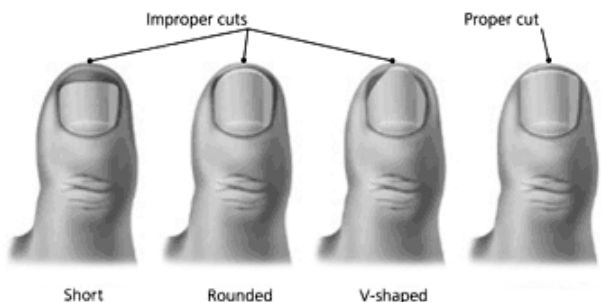
On the scalp, use a mild shampoo. Some patients may require a corticosteroid shampoo followed by gentle applications of anti-inflammatory lotions (i.e., Clobex spray or lotions such as Cyclocort or Elocom).

For lesions on the feet, do not use foot soaks since you may spread bacteria on the foot into the open areas (e.g., toe webs, nail folds, fissures or ulcers). Foot soaks may also further dry out an already dry area of the body and therefore delay healing.

Getting Help - Advice for Family and Friends

Lesions are painful and take a long time to heal so patients appreciate anything that can help ease the discomfort. This may include helping your loved one get dressed or undressed, applying or removing dressings/bandages and watching for infections in hard-to-see areas.

If you are helping to dress wounds, remember to wash your hands well before and after you apply dressings/bandages and medications. Follow the same steps to wound care noted above. Be patient and supportive.



When to Consult a Dermatologist

Patients should contact their dermatologist or general practitioner immediately if they experience one or more of the following symptoms, which are typically signs of infection:

- Pain
- Redness
- Pus and discharge that dries with a yellowish crust
- Foul Smell
- Slough (a layer of dead tissue)
- Swelling
- Fever and systemic symptoms (such as a drop in blood pressure, chills, muscle pain).

Treat superficial infections with a topical antibiotic, but systemic infections with symptoms such as swelling and fever need oral or intravenous antibiotics.

Supporting the Healing Process

Here are some ideas to help support the healing process:

- Eat healthy foods and drink lots of water
- If you can, move your body to support blood circulation.
- Bathe regularly (and briefly)
- Keep dressings/bandages clean to minimize bacteria on the skin surface

- Reduce stress
- Rest and get sufficient sleep (i.e., 8 -10 hours a night)
- Don't smoke or drink alcohol excessively
- Wear loose, soft clothing to reduce friction (i.e., two surfaces rubbing) or shearing (i.e., two surfaces moving in different directions).

Unfortunately, some factors out of our control will delay healing such as age, required medications, and any other underlying medical conditions that tax our immune system.

Before You Begin

Before you begin caring for your wounds, consult your dermatologist to obtain the best advice on how to deal with your specific situation. Depending on the severity of your lesions, your doctor may refer you to a wound care specialist. In some provinces, there are publically funded wound care specialists at local healthcare centres (e.g., the Centre local de services communautaires (CLSCs) in Quebec and Community Care Access Centres (CCACs) in Ontario.) Private nursing care firms can also help teach you how to care for your wounds effectively. Make sure that they are knowledgeable about your disease and, ideally, have dealt with pemphigus or pemphigoid patients before. Again, consult your dermatologist to make sure that you have the best and most knowledgeable resource to help you deal with your condition and specific challenges.

The Canadian Pemphigus and Pemphigoid Foundation produces the Information Bulletin as part of its Managing Our Health Program. Expert advice provided by Dr. Afsaneh Alavi, MD. Resident Dermatologist, University of Toronto, Sunnybrook Health Sciences Centre, Ontario, former Wound Healing Fellow and member of the Canadian Pemphigus and Pemphigoid Foundation's Medical Advisory Council.

Managing Our Health Program provides information to patients on ways in which they can enhance their general health and better cope with the symptoms of their illness and/or the side effects of their treatment therapies. For more information, visit www.pemphigus.ca.

Disclaimer: The information in this Bulletin has been developed by the Canadian Pemphigus and Pemphigoid Foundation in consultation with its Medical Advisory Council and subject matter experts. The information is not intended to replace informed medical advice. You should consult your dermatologist or other healthcare professional (e.g., physician, dentist, pharmacist, etc.) for individual medical advice. While the information is presented with due care, the Canadian Pemphigus and Pemphigoid Foundation does not guarantee that it is free from all errors or omissions.