

June/July 2017

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Tissue Issue



NZWCS Newsletter

PODIATRY

June/July 2017

WELCOME

The Education Advisory Group is overseeing the newsletter from February 2017. We have some topics for the year however these are flexible so please let us know what you would like to see or contribute to the 'Tissue Issue' this year. Previous editions [click here](#)

Inside this Issue

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NZWCS AGM Announcement

Congratulations to Pru Lennox, who is the new President of the NZWCS.

We wish her well in her new role.

Thank you to Emil Schmidt who has lead the NZWCS for the last 4 years and has done an amazing job. Emil is now taking on the role of National Committee member for the Otago region.

Well done to all the newly elected National Committee & Area Coordinators.



Dear National Committee - Thank you so very much for all the lovely words at the conference and also for the most beautiful glass bowl ever. Very well chosen. Gudrun and I just love the shape and colours.
Kind regards, Emil.

FOCUS TOPIC - PODIATRY

TINEA PEDIS

Tinea pedis (Tricophyton rubrum, Tricophyton interdigitale, Epidermophyton floccosum)

Article submitted by Fiona Angus

Tinea pedis is a common cause of foot pathology. Infection is often undiagnosed and untreated. Tinea unguium (nail infections) can result in ongoing reinfection of skin impacting on skin integrity. Other tinea presentations such as Tinea faciei (facial) and Tinea corporis (ringworm) commonly come from contact with infected feet or nails.

Typical presentations range from small itchy fluid filled vesicles, interdigital maceration, red rash, to dry scaly skin and cracked heels, tinea pedis has many presentations, reliable images of presentations can be viewed on dermnetnz.org

Laboratory tests are rarely needed in skin infection and only recommended in recalcitrant cases to identify specific organisms.

Common treatments include topical creams, ointments and liquids from pharmacy or podiatrists including those containing and tea tree oil. In severe or recalcitrant cases, oral agents may be required via prescription.

Hygiene and skin health is as important as treating the infection. Daily washing of feet should be recommended, thorough cleaning interdigitally and thorough drying, my personal favourite is a hairdryer on low heat. Optimal hydration of dry skin should be maintained and avoidance of products that cause moisture buildup interdigitally, e.g talcum powder.

Footwear and hosiery play an important role in controlling the environment, hosiery should be washed daily in people prone to tinea pedis and footwear worn on rotation to allow adequate time for the materials to dry, slippers ideally should be washable and footwear breathable.

References

DermNet New Zealand

Australas J Dermatol. 2002 Aug;43(3):175-8. Treatment of interdigital tinea pedis with 25% and 50% tea tree oil solution: a randomized, placebo-controlled, blinded study. Satchell AC1, Saurajen A, Bell C, Barnetson RS.

Am Fam Physician. 2014 Nov 15;90(10):702-711. Diagnosis and Management of Tinea Infections. JOHN W. ELY, MD, MSPH; SANDRA ROSENFELD, MD; and MARY SEABURY STONE, MD, University of Iowa Carver College of Medicine, Iowa City, Iowa

Webmd.com

Healthline.com



image sourced from DermNet.com

THE INGROWN TOENAIL

Article submitted by Claire O'Shea

It is recommended that the nail is trimmed following the natural curvature of the nail rather than to cut very short to reduce the chance of creating an ingrown toenail. Ingrown toenails are usually self-created due to poor toenail cutting technique. If the individual finds it difficult to trim their own toenails then it is advised that whanau/family or friends help to trim straight forward nails. If the nails are not easily managed and or the person has multiple comorbidities, then encourage the person to see a Podiatrist.

When is an ingrown toenail, not an ingrown toenail? The toe will initially be inflamed with or without discharge and should resolve once the nail spike has been removed. If the toenail has been in-grown for a period of time it may develop hypergranulation tissue down the sulci (borders) due to the aggravation from the nail plate. This normally shrinks and resolves once the nail spike has been removed either conservatively or a wedge removed under local anaesthetic.

If the hypergranulation tissue does not respond to treatment or changes size and appearance, possibly it is something more sinister such as melanoma.

Melanoma is a malignant tumour arising from the melanocyte and can arise on any area of skin. There are 132,000 new cases globally per year. In the 2010 study from Bristow and colleagues, of 1542 melanomas 6.6% were lesions on the foot, increasing incidence with age arising on the foot between the sixth and eighth decades of life.

Melanomas found on the foot have a worse prognosis than elsewhere on the body as the foot is rarely inspected and are only noticed when in advance stages.

This acronym CUBED has been designed for the foot and melanoma, any lesions scoring two or more should be referred or considered for a biopsy, (Bristow and colleagues, 2010).

It differs from the acronym ABCDE (Asymmetry, Border, Colour, Diameter, and Evolving), which has widely been used in establishing suspicion of melanoma since 1985, (Friedman and colleagues). The ABCDE acronym in regards to the foot can often miss the melanoma.

	CUBED (Bristow and colleagues, 2010)
C	Coloured lesions of which any part is not skin colour
U	Uncertain diagnosis. Any lesion that does not have a definite diagnosis
B	Bleeding lesions on the foot or under the nails, whether the bleeding is direct bleeding or oozing of fluid. This criterion includes chronic granulation tissue.
E	Enlargement or deterioration of a lesion or ulcer despite therapy
D	Delay in healing of any lesion beyond 2 months



image sourced from DermNet.com

What's On

NZWCS Study Day & Seminars for 2017:

- Waikato - June, August & November (dates TBA)
- Invercargill - 2 Sept 2017 Leg Ulcer Workshop
- Canterbury - 22 June, 19 October
- Nelson - 1 whole day or 2 half day Study Days (dates TBA)
- Hawkes Bay - November (dates TBA)
- Otago - 2 Study Days and 4 evening sessions (dates TBA)
- 28 June 6pm - Wound Management - assessment & management
- Taranaki - 1 July Fundamentals of Wound Care
- 23 Sept Intermediate Wound Care
- 4 Nov Pressure Injury Prevention (dates TBA)
- 2018 - Advanced Wound Care

International Courses :

HEMI - The Advanced Debridement Course - Adelaide (August) To register your interest in this course log onto their website at www.hemi-australia.com

SUGGESTED FUTURE TOPICS FOR TISSUE ISSUE 2017

- Aug / Sept 2017 - Wound Cleaning
- Oct / Nov 2017 - Pressure Injury Awareness
- Other topics to be covered include - Oedema, Nutrition, Negative Pressure, MDT Approach, + others

To contact the New Zealand Wound Care Society please email administrator@nzwcs.org.nz
Email all contributions to future newsletters 2 weeks before issue release.
More in-depth information is available on www.nzwcs.org.nz

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