The 'chronic' wound debate

Ron Legerstee, RN, MSc
Global Marketing Director Professional Education, Systagenix Wound Management, Nijmegen, The Netherlands; Guest lecturer for the Erasmus University Medical Center in Rotterdam for Pressure Ulcer and Wound Care Consultants

Terminology in wound care: is the glass half full or half empty?

In recent years, many books on wound management have used terminology such as 'chronic wound care' or 'chronic wound management' [1-5]. Other descriptors have also appeared in the literature, eg 'problem wound' [6], 'chronic and non-healing wounds' [7], 'non-healing wounds' [8], 'hard-to-heal wounds' [9], 'recalcitrant wounds' [10], 'difficult' [11] or 'complex' (see above).

Only a few publications have questioned the correct application of these descriptors [12] and the correctness of the terminology in itself [13]. (Unfortunately the last reference could not be retrieved as only the title appears, no abstract is available and the text is in Russian.)

In a personal communication with the authors of a textbook on general pathology [14], one of them, Guido Majno, said that he would not accept the term 'chronic wound'. In this textbook, which has over a thousand pages, this term did not appear once, yet 'chronic inflammation' has its own chapter. Majno suggested that 'complicated wound' would be a more accurate descriptor because "something is obviously keeping it from healing". This is underpinned by the following statement that appears on page 494 of the textbook [14]: "The process of healing is powerfully programmed and very difficult to obstruct, but it has its enemies."

A similar notion was published by Segree et al [15] "...the many agents reported to increase the rate of healing seem to do so by eliminating the factors that retard it...". This seems to fit with a more recent publication that includes in its title [16]: "healing (acute) wounds by decreasing impediments of healing". In the above article, the authors focus on the factors that can interfere with the wound repair process and stress that clinicians must 'address the cause or face the consequences’ [17].

Could this be right then? Would this change the way we look at wounds? Would our patients have more chances if we as professionals think the glass is half full rather than half empty? Would we from a professional stance see more opportunities than obstacles if we would use the term 'complicated' instead of 'chronic'?

References

10. Thomson PD. Immunology, microbiology, and the recalcitrant wound. Ostomy Wound Manage 2000; 46(1A Suppl): 77S-82S.