

Differentiating lower extremity ulcers

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Use this handy reference tool to help you assess lower extremity ulcers. You can [download a PDF](#) of the tool.

 Arterial ulcers	 Neuropathic ulcers	 Venous ulcers 
Predisposing factors		
<ul style="list-style-type: none"> • Peripheral vascular disease (PVD) • Diabetes mellitus • Advanced age 	<ul style="list-style-type: none"> • Diabetic patient with peripheral neuropathy • History of deep vein thrombophlebitis and thrombosis 	<ul style="list-style-type: none"> • Valve incompetence in perforating veins • Previous history of ulcers • Obesity • Advanced age
Anatomic location		
<ul style="list-style-type: none"> • Between toes or tips of toes • Over phalangeal heads • Around lateral malleolus • At sites subjected to trauma or rubbing of footwear 	<ul style="list-style-type: none"> • On plantar aspect of foot • Over metatarsal heads • Under heel • Toes 	<ul style="list-style-type: none"> • On medial lower leg and ankle • On malleolar area
Wound characteristics		
<ul style="list-style-type: none"> • Even wound margins • Gangrene or necrosis • Deep, pale wound bed • Blanched or purpuric periwound tissue • Severe pain • Cellulitis • Minimal exudate 	<ul style="list-style-type: none"> • Even wound margins • Deep wound bed • Cellulitis or underlying osteomyelitis • Granular tissue present unless PVD is present • Low to moderate drainage 	<ul style="list-style-type: none"> • Irregular wound margins • Superficial wound • Ruddy, granular tissue • Usually painless • Frequently moderate to heavy exudate
Patient assessment		
<ul style="list-style-type: none"> • Thin, shiny, dry skin • Hair loss on ankle and foot • Thickened toenails • Pallor on elevation and dependent rubor • Cyanosis • Decreased temperature • Absent or diminished pulses 	<ul style="list-style-type: none"> • Diminished or absent sensation in foot • Foot deformities • Palpable pulses • Warm foot • Subcutaneous fat atrophy 	<ul style="list-style-type: none"> • Firm edema • Dilated superficial veins • Dry, thin skin • Evidence of healed ulcers • Hemosiderin staining • Lipodermatosclerosis • Possible dermatitis

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