Η εξέλιξη της αντιμετώπισης του χρόνιου τραύματος μέσα στο χρόνο είναι και εξαιρετικά ενδιαφέρουσα και σε αρκετές περιπτώσεις προβληματική.
Πόσο αλήθεια έχουμε προοδεύσει σε 3500 χρόνια ιστορίας; Μήπως απλά ξανά-ανακαλύπτουμε πράγματα ήδη γνωστά;
Ας μάθουμε από το παρελθόν, ας αξιολογήσουμε αντικειμενικά το παρόν και ας διαμορφώσουμε το μέλλον.
Σκέψεις - το κακό με το μέλλον είναι ότι δεν φαντάζει τόσο ρόδινο όσο παλιότερα.
Προβληματισμοί - μήπως η τεχνολογία δεν είναι η λύση για όλα μας τα προβλήματα;
Και Όνειρα - το αύριο ανήκει σε όσους προετοιμάζονται σήμερα.

ΔΙΑΛΕΞΗ
ΑΙΘΟΥΣΑ: «ΑΜΦΙΘΕΑΤΡΟ»
ΣΥΝΤΟΝΙΣΤΗΣ: ΔΙΑΜΑΝΤΗ ΣΟΦΙΑ
ΩΡΑ: 12.00 - 12.30
WOUND ASSESSMENT
Marco Romanelli, MD, PhD,
Wound Healing Research Unit, Department of Dermatology, University of Pisa

Measurement of cutaneous wounds in order to detect the progression of a disease is a routine part of medical practice. Although measurement technology has evolved continuously over the years in all fields of medicine, its direct application to cutaneous disorders has increased only in recent years. In fact, only over the past decade has significant research been undertaken to further develop techniques for specifically examining the skin. Advances in both the technology of imaging and computer systems have greatly supported this process and brought it closer to the clinical area.
Assessment of any wound should begin with the determination of the extent of the area involved. Because the extent of a wound is a dynamic process, it requires repeated systematic assessment. The total wound extent is based on the wound dimensions and the tissue level involved. The clinical evaluation of the extent of tissue involvement due to a skin lesion and, moreover, the way a lesion evolves over time are often assessed according to the common sense and memory of the clinician. Evaluations are in general performed on the basis of clinical experience, using very basic, low-tech equipment to make objective measurements. The determination of the extent of a wound may also be accomplished by non-invasive and invasive technologies. Non-invasive wound assessment includes the measurement of perimeter, maximum dimensions of length and width, surface area, volume and determination of tissue viability. A wound can be further described through the use of various parameters, which include the following: duration, blood flow, oxygen, hardness, inflammation, pain, and coexisting systemic factors. These parameters are clues to the definition of the cause, pathophysiology, and status of the wound, but we believe that a complete and detailed history and physical examination are also fundamental.

ΣΑΒΒΑΤΟ, 04 ΑΠΡΙΛΙΟΥ

ΔΙΑΛΕΞΗ
ΑΙΘΟΥΣΑ: «ΑΜΦΙΘΕΑΤΡΟ»
ΣΥΝΤΟΝΙΣΤΗΣ: ΚΑΣΤΑΝΑ ΟΥΡΑΝΙΑ
ΩΡΑ: 11.30 - 12.00
NEW COVERING TECHNIQUES OF SKIN DEFECTS WITHOUT FLAPS
Teot Luc,
Καθηγητής Πλαστικής Χειρουργικής, Montpellier, France
President of International Wound Healing Society

Flaps were developed with the aim of providing fucntional and aesthetic coverage of skin defects. In some cases, this strategy is obsolŠte or unapplicable.

In chronic wounds reconstruction using flaps, the postoperative period is mostly impaired by d,hiscence and reopening of the incision, mauly due to mechanical forces exerted over the edges of the harvesting original area. The use of step by step approach, combining the use of dermal substitute and skin graft some days after allows to provide a good mattress of skin and muscle tissue over the presure ulcer area and to limit the risks of d,hiscence by preventing excessive tension on the skin edges.

The use of integra over exposed bones has become more and more porpular, and, combined with the negative pressure, can now provide a good safe coverage for exposed bones after trauma. A STIC project from the French Ministry of Health has just started some weeks ago to analyze the results of this stategy.

In scarring management, the alternative offered by the dermalsubstittue is now important, either using single layer collagen based artificial dermis (Matriderm, Pelnac,) or double layer (Integra, Renoskin). The us in combination of growth factors like Fiblast offers a biological novel approach of reconstructive surgery.