



Atypical Wounds

When a wound is not what it first appears to be

What is an atypical wound?

Most chronic wounds fall into three familiar groups: pressure, poor vein circulation, and poor artery circulation, plus diabetic foot ulcers. When a wound does not fit any of those patterns, or when it is not responding to correct treatment, it may be an atypical wound.

Atypical wounds make up roughly one in twenty chronic wounds. They are frequently misdiagnosed for months. Recognizing one changes the treatment completely, and in some of them the usual wound care approach actively makes things worse.

Clues that a wound may be atypical

- It is in an unusual location, such as the upper leg, trunk, arm, or face
- It is far more painful than its appearance would suggest
- The edges look unusual: rolled, undermined, violet or purple, or ragged
- It appeared after a very minor injury, or after a needle stick or surgery, and then spread quickly
- It has not improved after four to six weeks of appropriate treatment
- There are other symptoms: joint pain, rash, fevers, weight loss, mouth ulcers, or bowel symptoms
- The person has an autoimmune condition, inflammatory bowel disease, blood cancer, or kidney failure



Some of the conditions we look for

- **Pyoderma gangrenosum.** A rapidly enlarging, intensely painful ulcer with a purple, undermined border, often linked to inflammatory bowel disease or arthritis. Critically, surgical debridement usually makes it worse. It is treated with medicines that calm the immune system.
- **Vasculitic ulcers.** Small, punched-out, painful ulcers, often with a purple spotted rash, caused by inflammation of the blood vessels.
- **Calciphylaxis.** Extremely painful ulcers with black tissue, seen mostly in advanced kidney disease. Needs urgent specialty care.
- **Skin cancer.** Basal cell, squamous cell, and melanoma can all present as a sore that will not heal. A long-standing wound can also turn cancerous. Biopsy answers the question.
- **Infections that mimic ordinary wounds,** including atypical mycobacteria, deep fungal infection, and, in the right setting, tuberculosis.
- **Medication-related ulcers,** including those linked to hydroxyurea and to warfarin.
- **Sickle cell ulcers,** typically around the ankles in people with sickle cell disease.

How we approach it

- **A careful history.** How it started, how fast it changed, how much it hurts, and what else is going on in your body.
- **Biopsy.** This is the key step. We take tissue from the edge of the wound, not the center, and send it for both pathology and culture.
- **Targeted lab work** for autoimmune disease, vasculitis, clotting disorders, and nutritional deficiency.
- **Vascular studies** to rule in or out circulation problems before anything else is assumed.
- **Coordinated referral** to rheumatology, dermatology, hematology, nephrology, infectious disease, or oncology as the findings direct.
- **Treating the underlying disease.** In atypical wounds, the wound closes when the disease is controlled, not the other way around.



What you can do

- Tell us the full story, including conditions that seem unrelated to your skin. Bowel symptoms, joint pain, and mouth sores are important clues.
- Bring a complete list of every medication and supplement you take.
- Take photos of the wound weekly with your phone. A record of how fast it changed is genuinely useful information.
- Speak up about pain that feels out of proportion. That is a diagnostic clue, not a complaint.
- Do not let anyone aggressively debride a wound that is rapidly spreading and intensely painful until a diagnosis is made.
- Ask about a biopsy if a wound has not improved in four to six weeks. It is a reasonable question and we welcome it.

When to call us right away

- A wound that is growing quickly, over days rather than weeks
- Severe pain that is out of proportion to how the wound looks
- New purple, dusky, or black tissue at the wound edge
- New ulcers appearing in other places
- Fever, chills, joint pain, or a new rash
- Any wound that has not improved after a month of treatment