WOUNDS THAT REQUIRE IMMUNOSUPPRESSION FOR HEALING
– AN OVERVIEW
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The need for immunosuppression in patients with chronic wounds is controversial discussed currently. In this debate it has to be considered that the causes for disturbed wound-healing are very heterogeneous. In this context it is believed that primary or secondary vasculitis as a cause for a chronic wound is probably much more common than generally assumed. Moreover there exist a number of rare causes for chronic wounds such as Pyoderma gangrenosum, Necrobiosis lipoidica and others where etiologic often unclear inflammatory processes seems to be essential. For these diseases a immunosuppressive or immunomodulating therapy is necessary at least for the early stages and to prevent the onset of new wounds or their progression. Even if a topical treatment with glucocorticoids and calcineurin-inhibitors could be tried, most often a systemic therapy with glucocorticoids and/or ciclosporin A or immunomodulating drugs like TNF-α inhibitors or intravenous immunoglobulin (IVIG) are required. Additionally a modern moist wound-therapy can be helpful especially in the later stages of wound healing. As an exclusive therapy it is mostly not adequate. Therefore immunosuppression is a friend and not a foe for patients with inflammatory chronic wounds.

Summarized, most patients with chronic wounds do not need a immunosuppressive therapy but in some patients especially with inflammatory diseases immunosuppression could be most essential for the induction of wound-healing.