

Skin wound

A [wound](#) is a type of [injury](#) in which skin is torn, cut, or punctured (an [open wound](#)), or where [blunt](#) force trauma causes a contusion (a closed wound). In pathology, it specifically refers to a sharp injury that damages the dermis of the skin.

see [Cranial wound](#)

see [Stab wound](#)

see [Wound reconstruction](#)

see [Surgical wound](#)

see [Wound closure](#)

see [Wound infiltration](#).

Wound healing

[Wound healing](#).

Classification

Class 1 wounds are considered to be clean. They are uninfected, no inflammation is present, and are primarily closed. If the draining of these wounds is necessary, a closed draining method is necessary. Additionally, these wounds do not enter respiratory, alimentary, genital, or urinary tracts.

Class 2 wounds are considered to be clean-contaminated. These wounds lack unusual contamination. Class 2 wounds enter the respiratory, alimentary, genital, or urinary tracts. However, these wounds have entered these tracts under controlled conditions.

Class 3 wounds are considered to be contaminated. These are fresh, open wounds that can result from insult to sterile techniques or leakage from the gastrointestinal tract into the wound. Additionally, incisions made that result in acute or lack of purulent inflammation are considered class 3 wounds.

Class 4 wounds are considered to be dirty-infected. These wounds typically result from improperly cared for traumatic wounds. Class 4 wounds demonstrate devitalized tissue, and they most commonly result from microorganisms present in perforated viscera or the operative field.

Wounds of the ventricle in the series of Haynes et al were produced by missiles or foreign bodies passing through or into the [ventricular system](#). Actual visualization of the opening into the ventricle at surgery was the basis for diagnosis. There was no definite clinical syndrome characteristic of transventricular wounds even though most of the patients had high temperatures and stiff necks. The

physical findings depended upon the area of the brain involved. A diagnosis of ventricular penetration was suspected when x-ray films showed evidence of the missile canal, outlined by bone fragments, passing through the position normally occupied by the ventricles. The [lateral ventricles](#) were most frequently involved, accounting for all cases except 3 in which the 3rd ventricle was penetrated. There were no cases of penetration of the 4th ventricle ¹⁾.

HAYNES WG. Transventricular wounds of the brain. J Neurosurg. 1945 Nov;2:463-8. PubMed PMID: 21007721.

Complications

see [Wound dehiscence](#)

see [Wound infection](#)

¹⁾

WANNAMAKER GT. Transventricular wounds of the brain. J Neurosurg. 1954 Mar;11(2):151-60. PubMed PMID: 13152566.

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