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CHARACTERIZATION OF PATIENTS WITH CUTANEOUS LESION IN HOSPITALIZATION MEDICAL AND SURGICAL UNITS

CARACTERIZAÇÃO DE PACIENTES COM LESÃO CUTÂNEA EM UNIDADES DE INTERNAÇÃO MÉDICA E CIRÚRGICA

CARACTERIZACIÓN DE PACIENTES CON LESIÓN CUTÁNEA EN UNIDADES DE INTERNACIÓN MÉDICA Y QUIRÚRGICA

Suzel Regina Ribeiro Chavaglia¹, Rosali Isabel Barduchi Ohl², Lúcia Aparecida Ferreira³, Victor dos Reis Santiago⁴, Aurélio Favarato Abdanur⁵, Aracelle Santana Soares⁶

ABSTRACT

Objective: to identify the incidence of patients with skin lesions according to age, gender, skin color, education, type of cutaneous lesion and associated comorbidities, in units of medical and surgical Clinic of the Hospital das Clínicas of the Triângulo Mineiro. **Method:** quantitative study, transversal, descriptive, simple character through a retrospective survey of data held on HC-UFTM. The data were typed in Excel® spreadsheet. The results were presented in tables. The research project has been approved by the Research Ethics Committee, Protocol No 1100/2008. **Results:** 3699 charts were investigated, among them 128 presented cutaneous lesion. The elderly male, white in color, with incomplete basic education predominated with more frequent comorbidities of Hypertension and Diabetes Mellitus. **Conclusion:** it is possible to improve health services and subsidizing the construction of clinical protocols for the prevention and treatment of skin lesions. **Descriptors:** Nursing; Skin; Cutaneous Ulcer.

RESUMO

Objetivo: identificar a incidência de pacientes com lesões de pele segundo a idade, sexo, cor de pele, escolaridade, tipo de lesão cutânea e comorbidades associadas, nas unidades de Clínica Médica e Cirúrgica do Hospital das Clínicas do Triângulo Mineiro. **Método:** estudo quantitativo, transversal, de caráter descritivo simples, por meio de um levantamento retrospectivo de dados realizado no HC-UFTM. Os dados foram digitados em planilha do Excel®. Os resultados foram apresentados em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 1100/2008. **Resultados:** foram investigados 3699 prontuários, destes, 128 apresentaram lesão cutânea. Predominaram o sexo masculino, idosos, de cor branca, com formação escolar básica incompleta, com comorbidades mais frequentes Hipertensão Arterial Sistêmica e Diabetes Mellitus. **Conclusão:** é possível aprimorar a assistência em saúde e subsidiar a construção dos protocolos clínicos de prevenção e tratamento de lesões de pele. **Descritores:** Enfermagem; Pele; Úlcera Cutânea.

RESUMEN

Objetivo: identificar la incidencia de pacientes con lesiones de piel según la edad, sexo, color de piel, escolaridad, tipo de lesión cutánea y comorbilidades asociadas, en las unidades de Clínica Médica y Quirúrgica del Hospital de Clínicas del Triângulo Mineiro. **Método:** estudio cuantitativo, transversal, de carácter descriptivo simple, por medio de un levantamiento retrospectivo de datos realizado en el HC-UFTM. Los datos fueron digitados en planilla de Excel®. Los resultados fueron presentados en tablas. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo nº 1100/2008. **Resultados:** fueron investigados 3699 prontuarios entre los cuales, 128 presentaron lesión cutánea. Predominaron el sexo masculino, ancianos, de color blanca, con formación escolar básica incompleta, con comorbilidades más frecuentes de Hipertensión Arterial Sistêmica y Diabetes Mellitus. **Conclusión:** es posible perfeccionar la asistencia en salud y subsidiar la construcción de los protocolos clínicos de prevención y tratamiento de lesiones de piel **Descritores:** Enfermería; Piel; Úlcera Cutánea.

¹Nurse, Ph.D. Professor, Nursing Department in Hospital Assistance, Nursing Graduation Course, Federal University of Triângulo Mineiro/UFTM. Uberaba (MG), Brazil. E-mail: suzel.ribeiro@yahoo.com.br; ²Nurse, Ph.D. Professor, Clinical and Surgical Nursing Department, Paulista Nursing School, Federal University of São Paulo/EPE/UNIFESP. São Paulo (SP), Brazil. E-mail: rosali.ohl@unifesp.br; ³Nurse, Ph.D. Professor, Education and Community Health Nursing Department, Federal University of Triângulo Mineiro/UFTM. Uberaba (MG), Brazil. E-mail: lap2ferreira@yahoo.com.br; ⁴Nurse, Federal University of Triângulo Mineiro/UFTM. Uberaba (MG), Brazil. Uberaba (MG), Brasil. E-mail: victorenfermeiro@gmail.com; ⁵Nurse, Federal University of Triângulo Mineiro/UFTM. Uberaba (MG), Brazil. E-mail: aurelioenf@hotmail.com; ⁶Nurse, Federal University of Triângulo Mineiro/UFTM. Uberaba (MG), Brazil. E-mail: aracelle_mg@yahoo.com.br

INTRODUCTION

The skin is the largest organ in the body essential for human life and fundamental to the physiological functioning organism. It can suffer problems of pathological intrinsic and extrinsic factors causing changes in its integrity as for example, skin lesions or injuries, which can lead to functional incapacity.¹

The word sore does not just mean the loss of continuity solution, but something that stigmatizes and causes wear to the individual, because most of the treatment is costly and requires physical, emotional and financial investment of the customer and the team.²

The nursing professional is directly related to the treatment of injuries, both in primary care services, as in secondary or tertiary care, and should keep observation to local, systemic and external factors which affect the appearance of the sore or may interfere in healing process.

The client assessment is essential for obtaining data related to the full risk of impaired skin. Data collection for the nurse through the anamnesis, interview and physical examination, enables the nurse in determining actual or potential deficiencies, enabling the detection of customers in various related risk factors such as lifestyle, emotional situation, sickness and hospitalization.³

In Brazil, the injury affect the population in general, regardless of gender, age or race, and because of the high rate of people with changes in skin, constitutes a serious public health problem. However, due to the lack of registration of these assistances, there is shortage of statistical data that may characterize this situation more clearly. Studies indicate that injuries such as pressure ulcers, lower limb ulcers, and diabetic foot ulcers that affect public spend and undermine the quality of life of the population.^{1,4}

The National Pressure Ulcer Advisory Panel (NPUAP) defines pressure ulcers (UPP) as a localized lesion of the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure or a combination between this and shear forces, and are also associated with contributing factors and confusion, role is not yet fully clarified.⁵⁻⁶

The UPPs are considered a serious health problem, especially in older people, customers with chronic degenerative diseases, impaired physical mobility, among other, which makes essential the investigation into how the assistance and monitoring of these

types of injuries are being conducted by nurses.⁷

Chronic ulcers of the lower limbs (UCML), also called as leg ulcers are defined as a sore that does not heal within 6 weeks, despite appropriate treatment and are characterized by circumscribed or irregular loss of integument (dermis or epidermis), and can reach the subcutaneous and underlying tissues. It affects the ends of the lower limbs and affect up to 5% of the adult population of Western countries, causing significant socioeconomic impact.⁸

Although few epidemiological studies, these ulcers are very frequent in medical practice and high cost in its management. In the USA, there are 600,000 new cases of leg ulcers each year. In Sweden, about 5% of the population over 80 years presents this pathology, and the annual cost for treatment is estimated at \$25 million. Its etiology is linked to various factors such as: chronic venous disease, peripheral artery disease, neuropathies, hypertension, physical trauma, sickle cell anemia, skin infections, inflammatory diseases, neoplasms, and nutritional changes, fact highlighting the importance of its prevention.⁹

One of the chronic ulcer of the lower limbs is the diabetic foot ulcer. About 15% of people with Diabetes Mellitus Type 2-DMT2 are affected by foot ulcers during their illness. These ulcers come from Neuropathy (ND) and Diabetic Vasculopathy (VD) that lead to impairment of motor nerves and blood vessels of the lower limbs muscular hypotrophy, determining deformities, abnormal pressure points, which result in poor healing of injuries and development of necrosis. The commitment of the sensory nerves is manifested by disturbances of tenderness in the extremities and may reach to anesthesia.¹⁰

Diabetic foot ulcers are characterized by loss of epithelium, which could extend up the Dermis or crossing it, reaching deeper tissues, bones and muscles. It precedes 85% of amputations resulting from the combination of two or more risk conditions that act concomitantly.¹¹

Faced with this reality, it is believed to be necessary preventive measures that prioritize multidisciplinary activities, in particular of the nurse as the agent responsible for the processes of identification, assessment, treatment, education of people with injuries. It is also necessary research in this area aimed at better understanding this situation in order to achieve the improvement of the quality of

life of customers and cost reduction with the treatment.

Thus, based on knowledge of the pathophysiological process and etiopathogenesis of ulcers, the nurse should be able to identify the risk factors for patients with potential for development of chronic ulcers, as well as prophylactic measures for its prevention.

In this sense, it is believed that studies that allow knowing the profile of people with skin lesions can contribute significantly to the adoption of measures to identify risk factors for the development of chronic ulcers and assertive actions of treatment for better quality of care of this population. Assistance in health based in evidences is crucial for the professional nurse developing their clinical practice effectiveness and accuracy.¹²

The Hospital das Clínicas from the Federal University of Triângulo Mineiro (HC-UFTM), scenario of our study, has high levels of care to patients with cutaneous lesions originating in various etiologies. The experiments experienced in curriculum subjects and university extension activities developed through the League of Injuries (LiFe) coordinated by teachers of the Nursing Department in Hospital Assistance (DEAH) from the Federal University of Triângulo Mineiro-UFTM, prompted the need of knowledge about the actual number of cases and profile of customers suffering from skin lesions seen in the units of medical and surgical Clinic of HC-UFTM.

This reality is not exclusive of this service and it extends to other scenarios of health care in our country. We consider important that the nurse recognizes the socio-demographic and epidemiological characteristics of individuals with cutaneous lesion in order to facilitate the planning and implementation of integral assistance, systematized and individualized, as well as the increase of subsidies for the construction of clinical protocols for the prevention and treatment of cutaneous lesions.

OBJECTIVES

- To identify the incidence of patients with skin lesions according to age, gender, skin color, education, type of cutaneous lesion and associated comorbidities, in units of medical and surgical Clinic of the Hospital das Clínicas of the Triângulo Mineiro.
- To classified skin lesions according to their acute type (traumatic, burns and under pressure) and chronic (venous, arterial, and

diabetic foot) and to relate the type of injury with the patient's comorbidities.

METHOD

Article presented at the 12th Pan-American Colloquium of Nursing Investigation, Florianópolis, from August 29 to September 2, 2010.

Quantitative, transversal study, descriptive simple character through a retrospective research of data held on HC-UFTM, medical records data from Medical Records Service (SAME). Customer hospitalized records in medical clinic and Surgical Clinic Hospitalization Units were listed in the period from January to December 2006.

The selection of units of Medical Clinic and Surgical Clinic were set among the four basic medical specialities (Gynecological/Obstetrics, Pediatrics, Medical and Surgical) by the fact that they are only for adult hospitalization of both genders with care and complexity demand diversified.

The HC-UFTM has capacity of 288 beds associated SUS, including 40 ICU beds. On average, 30,000 patients are assisted per month from more than 400 municipalities of Minas Gerais, North of São Paulo, South of Goiás, Distrito Federal, Mato Grosso, Mato Grosso do Sul and other 14 States.

The Hospitalization Unit of medical clinic has 42 beds and serves patients with cases of allergy, nutrology, cardiology, pain clinic, dermatology, infectious and parasitic diseases, Endocrinology, physiatry, genetics, Gastroenterology, hematology, Nephrology, Neurology, Pulmonology, rheumatology, among others.

In the Surgical Hospitalization Unit there are 55 beds that serves cases of general surgery, cardiology, gastrointestinal, plastic, proctology, urology, vascular and chest.

The research project has been approved by the Research Ethics Committee (CEP) of the institution - Opinion 1100/2008, and then, the data collection of the records of the SAME of HC-UFTM was held. Data collection occurred in the SAME of HC-UFTM, considering all the medical records that showed the diagnosis and/or presence of annotation of skin lesions. For data registration the instrument used consists of three steps: 1st) Identification Data (age, gender, race and education); 2nd) clinical data of the lesion: acute - traumatic; by pressure; burning and chronic-venous; diabetic foot and arterial, and 3rd) Identification of comorbidities (SAH, DM and AVE).

Exclusion criteria were the cases of death and the records that were not available in the SAME in the period established for the collection. The data were entered in the spreadsheet Program Microsoft Excel® then analyzed and presented in simple descriptive and tables.

RESULTS

Among the 1168 records investigated in the Medical Clinic Unit, 75 subjects (6.4%) presented cutaneous lesion, and from them, 38 (50.7%) were female and 37 (49.3%) male. In Surgical Clinic Unit 2531 records were investigated and 53 subjects (2.09%)

presented lesions, where 39 (73.6%) of them were male and 14 (26.4%) female.

In the age variable in the Medical Clinic were observed 10 clients (13.3%) with up to 39 years old, 14 (18.7%) between 40 to 49 years old, 18 (24%) between 50 to 59 years old and 33 (44%) above 60 years old.

The data were similar in the Surgical Clinic where there was a higher frequency of users, 21 (39.6%) were above 60 years old, followed by 14 (26.4%) with up to 39 years old, 11 (20.8%) between 50 to 59 years old and 7 (13.2%) between the age group of 40 to 49 years old (Table 1).

Table 1. Distribution of subjectsd according to age group. HC/UFTM. Uberaba/MG, Brazil. 2009.

Age	Medical Clinic		Surgical Clinic	
	n	%	n	%
≤ 39 years old	10	13,3	14	26,4
40 l– 49 years old	14	18,7	7	13,2
50 l– 59 years old	18	24,0	11	20,8
≥ 60 years old	33	44,0	21	39,6
Total	75	100	53	100

As for the color of the skin four categories were identified: white, dark skin, brown and black. In the Medical Clinic unit prevailed the white color, 44 subjects (58.7%), followed the dark skin color, 25 subjects (33.3%), and then with 5 subjects (6.7%) black color and finally the brown color, with only 1 subject (1.3%). The Surgical Clinic Units showed the same, where the majority, 32 (60.4%) users were white, followed by dark skin with 17 (32.15%) and lastly 4 (7.5%) black users.

Regarding the education variable of the subjects, it was observed an increased frequency in relation to the item “Not Informed”, with 51 (68%) of subjects in Medical clinic and 23 (43.4%) subjects in the Surgical Clinic. We believe that this fact can be linked to the large amount of subjects who first were seen in the emergency room of HC/UFTM where, by the urgency of care, some data may have been omitted or ignored.

It was identified in Medical Clinic that the education, the most frequent, 18 (24%) had 1st

grade incomplete. In Surgical Clinic was also observed the predominance of 22 (41.5%) users with 1st grade incomplete, followed by 6 (11.3%) users with 1st grade complete.

In relation to the type of cutaneous lesion, they were classified as Acute and Chronic. In the Medical Clinic, there were 64 users (85.3%) with acute injuries and 11 (14.7%) with chronic injuries and in Surgical Unit, 28 users (52.8%) with acute injuries and 25 (47.2%) with chronic injuries.

Chronic lesions were classified as: the diabetic foot, venous and arterial ulcers and acute lesions: traumatic lesions, pressure ulcers and burns.

Of the 64 users with acute injury of the Medical Clinic, 55 (85.9%) were classified as acute traumatic sore, followed by pressure ulcers (UPP), with 9 cases (14.1%). As for the chronic injuries, diabetic foot lesions were found in 6 (45.5\5); 3 (27.3%) users with chronic arterial sore and 2 (18.2%) with chronic acute venous sore (Table 2).

Table 2. Distribution of subjects according to type of lesion. HC/UFTM. Uberaba/MG, Brazil. 2009.

Lesion classification	Type of lesion	Medical Clinic		Surgical Clinic	
		n	%	n	%
Acute	Traumatic lesion	55	85,9	16	57,2
	Pressure Ulcer	9	14,1	3	10,7
	Burns	0	0	9	32,1
Sub-Total		64	100	28	100
Chronic	Diabetic foot	6	54,5	10	40
	Arterial ulcer	3	27,3	12	48
	Venous ulcer	2	18,2	3	12
Sub-Total		11	100	25	100
Total		75	100	53	100

Of the 28 users in the Surgical Clinic who presented acute injuries, 16 (57.2%) had traumatic injuries; 9 (32.1%) with burns and 3 (10.7%) with pressure ulcers (UPP). In the users with chronic injuries, 12 (48%) of them had arterial injury; 10 (40%) with diabetic foot and 3 (12%) with venous ulcer.

As for the data related to comorbidities, it was observed that 50 patients (39.8%) presented HAS and/or DM, and 17 (24.4%) presented both of them.

In the Medical Clinic, most of the subjects, 47 (62.7%) presented comorbidities being the 3).

greater frequency of cases of Hypertension (SAH), followed by cases of Hypertension (SAH) associated with Diabetes Mellitus (DM) and cerebrovascular accident (AVE).

In the Medical Clinic, 20 users (26.7%) presented only SAH and 4 (5.3%) presented with DM and 14 (18.7%) subject presented SAH and concomitant DM (Table

Table 3. Distribution of the subjects according to comorbidities. HC/UFTM. Uberaba/MG, Brazil. 2009.

Comorbidities	Medical Clinic		Surgical Clinic	
	n	%	n	%
None	28	37,3	22	41,5
SAH	20	26,7	3	5,7
DM	4	5,3	6	11,3
SAH + DM	14	18,7	3	5,7
Other comorbidities	9	12	19	35,8
Total	75	100	53	100

In the Surgical Clinic unit was observed that 22 users (41.5%) did not present any other pathology, and among the subjects who presented comorbidities, there were 19 (35.8%) patients with different comorbidities from SAH and DM.

Relating the types of injuries observed in the Medical Clinic, with the comorbidities of

users, it was noted that the majority of 47 subjects who presented comorbidities, 37 (78.7%) had acute injuries and 38 (80.9%) presented associated comorbidities to SAH and/or DM. Other significant data is the large number of patients, 28 users (37.3%) without comorbidities, being 27 (96.4%) with acute injuries. (Table 4).

Table 4. Relation between comorbidity and type of injury of the subjects investigated in the Medical Clinic Unit. HC/UFTM. Uberaba/MG, Brazil, 2009.

Comorbidities/ Type of lesion	Medical Clinic						Total
	Acute			Chronics			
	Traumatic lesion	Presure ulcer	Burns	Diabetic foot	Arterial ulcer	Venous ulcer	
None	24	3	0	0	1	0	28
SAH	17	2	0	0	0	0	19
DM	0	0	0	3	0	1	4
SAH + DM	8	2	0	3	1	1	15
Others	6	2	0	0	1	0	9
Total	55	9	0	6	3	2	75

The Medical Clinic Unit, which serves adults users needing clinical treatment and longer hospitalization, evinces a higher frequency (50.6%) of users with cutaneous lesions and presence of comorbidities associated with SAH and/or DM.

In the Surgical Clinic Unit, among the 31 (58.5%) subjects identified with comorbidities,

there was a predominance of chronic injuries (77.4%). It should be noted that from the 25 subjects with chronic injuries, 24 (96%) patients have comorbidities, being those mostly (52%) not associated with SAH and/or DM. (Table 5)

Table 5. Relation between the comorbidity and the type of lesion of the subjects investigated in Surgical Clinic Unit. HC/UFTM, Uberaba/MG, Brazil, 2009.

Comorbidities/Type of lesion	Surgical Clinic						Total
	Acute			Chronic			
	Traumatic Lesion	Pressure ulcer	Burns	Diabetic foot	Arterial ulcer	Venous ulcer	
None	12	2	7	0	0	1	22
SAH	1	0	0	0	2	0	3
DM	0	0	0	6	0	0	6
SAH + DM	0	0	0	2	0	1	3
Others	3	1	2	2	10	1	19
Total	16	3	9	10	12	3	53

DISCUSSION

Skin lesions represent one of the major complications that can affect hospitalized patients. In this study it was tried to establish socio-demographic and epidemiological characteristics and relate it to the development of skin lesions in patients hospitalized in the units of medical and surgical clinic of HC/UFTM. Of 3699 records analyzed in the study period, 128 subjects were identified with skin lesions.

The data relating to the higher incidence of injuries in female people may also be evidenced in the literature. Study of 25 patients with venous ulcers, assisted by Family Health teams (Zona da Mata, Minas Gerais) indicated the predominance of female (88%). Another study developed in the Emergency Department of a public hospital of Fortaleza researched 67 patients with “diabetic foot”, with female predominance (52.2%) similar to the results found in our study.^{9,13}

Most of the subjects studied with cutaneous lesion (68%) were over 50 years old. Age pointed to by various authors as one of the relevant factors in the pathophysiology of skin lesions such as pressure ulcers (UPP), when associated with factors such as malnutrition, reduced mobility and humidity.³

Among several changes with aging, we can consider the reduction of the inflammatory response, synthesis of collagen and neoangiogenesis as consequences of the aging process. At the same time, there is an increase in capillary fragility and time of epithelialization resulting in a delay of the cicatrization phases.¹⁴

In multicenter study conducted in Finland together with general hospitals and health centers and rehabilitation, there was an average age of 75 years old for patients with UPP, similarly to the results found here, with a large number of users with more than 60 years old identified, justified by the increasing aging of the Brazilian population.¹⁵

Census data of the Brazilian Institute of geography and statistics-IBGE in 2010 indicate

a significant increase in the population of people over 60 years old in Brazil. In 2000, they were 13.9 million elderly, passing to 20.6 million in 2010. It is estimated that the population of that age group should rise, in 2050, to 64 million.¹⁶

The increasing aging of populations is directly related to the increase of chronic diseases. The high incidence of chronic degenerative diseases in the elderly population and increase of disability implies risk factors for skin lesions such as arterial, venous, hypertensive ulcers of pressure and neutrophic.¹⁷⁻¹⁸

We believe that the number of subjects under 39 years old in this study, 24 (18.8%) may be related to a higher incidence of traumas in young population as a consequence of the increase in the number of acute traumatic injury. The traumas are now responsible for a greater number of potential years of life lost, as well as by the development of sequels in the groups of adolescents and young males since their incidence is particularly higher in this population.¹⁹

Regarding skin color, in our study was evidenced a greater number of subjects with skin lesion among individuals of the white race (51.6%), similar data with studies that claim that light skin is more susceptible to skin lesions due to their histological characteristics, as less melanin protection, thinner skin, smaller amount of collagen fibers.²⁰⁻¹

In relation to the level of education a greater concentration of users with low education was evidenced, a fact that can be explained based on the community assisted by HC/UFTM be predominantly of low social class, which has in the Unified Health System - SUS its unique form of health care.

We believe that low education presented can influence the lack of understanding with regard to guidelines of health professionals about the care of lesions, since studies indicate that the educational level can interfere directly or indirectly on the development of comprehension of the

treatment prescribed and in the practice of self-care.²²⁻³

As for types of injury, it was identified that most study subjects, 92 (71.9%) showed acute lesions, and among them, there was a predominance of traumatic lesions, with 71 (55.5%) subjects. The traumatic injuries such as amputations, injury of limbs, bruises, lacerations and serious crushes or exhibition of noble tissues can have variable severity. The traumas determine complex lesions that restrict individuals for a long time, due to the need for surgical treatment, since the loss of skin and subcutaneous tissue is usually extensive, requiring reconstruction through grafts and skin flaps.²⁴⁻⁶

In relation to associated comorbidities, it was shown that 50 (39.1%) subjects presented SAH and/or DM, results that resemble other studies on this theme. Both SAH as DM interfere with the healing process due to vascular complications.³

Vascular changes of hypertension are not limited only to the microvascular system, but also occur in subcutaneous screen, because the arteries in the subcutaneous tissue feature reduction of arterial lumen at the expense of increased thickness of the middle layer of the vessel wall.²⁷

The association between SAH and DM is considered a significant risk factor for cardiovascular disease, the most common among people with chronic conditions. Studies show that about 40% of individuals with DMT2 are hypertensive and especially in individual diabetic, SAH should be treated to prevent the onset of cardiovascular diseases to minimize the progression of kidney disease, diabetic retinopathy, and particularly, the development of diabetic foot lesions.¹⁰⁻¹

DM is also highlighted for the development of neurovasculopathy, by the reduction in inflammatory response and the high risk of infection. Kidney failure resulting from DM interferes with the maintenance of water-electrolyte balance, blood pressure and coagulation process.²⁸

One of the greatest challenges for the early diagnosis of people with DM at risk of developing diabetic foot is inadequate or non-realization of the evaluation of the feet. The loss of protective sensation is the main factor for onset of ulcerations and greater vulnerability to trauma resulting from improper cutting nails, use of inappropriate shoes, falls, among other factors.²²

There are other pathological conditions predisposing systemic the individual to greater risk of development of lesions as liver,

neurological, rheumatological disease, intestinal, hematologic, by influencing through direct or indirect mechanisms, the tissue repair process.²⁸

As for the relationship between the types of injuries observed and the comorbidities presented by users observed that a significant number of users with acute injuries, 44 (47.8%) subjects showed some type of comorbidity. However, for users with chronic injuries, the proportion of comorbidities was more expressive, since 34 (94.4%) subjects showed some kind of associated pathology.

These data are consistent with studies that show that the conditions of chronicity, in particular cardiovascular diseases and metabolic diseases as SAH and DM, influence significantly in the healing process and evolution of injuries, whether acute or chronic. Acute injuries, surgical or traumatic respond quickly to treatment, healing without complications. However, when associated with comorbidities, they generate complications that lead to delayed or decreased tissue perfusion and skin integrity.²⁹⁻³⁰

Chronic injuries are considered complex to heal and their etiology is usually associated with circulatory disorders. They are characterized by being disabling and can last for months, years or a lifetime of the person.¹⁷ It is highlighted the low frequency of pressure ulcers in the units investigated, with 12 users (9.4%). These data lead us to think that these sectors develop preventive practices that minimize the development of this type of injury. The high number of subjects with acute injuries in the two inpatient units, 92 (71.9%) users, indicating the need for care by the nursing professionals in order to carry out an general evaluation, systematized and interdisciplinary individual who permits the detection of conditions or risk factors, local or systemic, which will influence the evolution of the lesions, both in healing retardation as in the development of other complications.

The knowledge relating to skin care becomes essential when it aims at improving the quality of life of people with cutaneous lesions, since adopting actions that accelerate healing time, can reduce the risks, complications, and the suffering of the population, in addition to optimize the cost-benefit ratio for treatment of acute lesions and, mainly, chronic in clients more susceptible as diabetics, among others.^{17.30}

Recommendations for prevention and appropriate intervention should include the identification of risk factors through

evaluation and specific care that have as purpose to avoid complications arising from the disease, such as the amputation of limbs or even death of the patient.

CONCLUSION

The study answered the research objectives and it was possible to conclude that most of the subjects are male (59.7%), with predominance of elderly (42.2%) and white skin (59.4%) first grade incomplete (31.3%). The most frequent comorbidities are SAH and DM (39.1%), the acute lesions (71.9%) are more frequent and among them, it was the most traumatic injury observed (55.5%).

The number of lesions associated with the presence of comorbidities in the Medical Clinic Unit shows the predominance of SAH and DM. In the Surgical Clinic shows the predominance of other comorbidities, having a diversity of associated diseases.

There is a significant difference only in the type of cutaneous lesion between a clinic and another, but similarity in socio-demographic profile. The differences between the types of injury are justified in the face of the differences of clinical conditions of users and the type of treatment carried out in each clinic. This may be related to the fact that, at the time of hospitalization, forwarding certain types of injury to a clinic or another.

The completion of this investigation in a specific scenario hospital assistance can be set as a limitation of this study once in the approach of the cutaneous lesions should be considered risk factors that interfere in the prevention, cure and also in the emergence of other injuries, as well as other clinical factors associated, the institutional structure and the quality of professional care that are not object of this work.

The importance of this study is beyond the data presented in their reproducibility, since it offers technical and methodological fundamentals for replication not only in the institution for determining evolutionary results after implementing risk assessment protocols, but also in other institutions with similar interests and structure in the research of this topic yet little investigated.

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Corresponding Address

Suzel Regina Ribeiro Chavaglia
Universidade Federal do Triângulo Mineiro
Departamento de Enfermagem
Praça Manoel Terra, 330
Bairro Abadia
CEP 38025-015 – Uberaba (MG), Brazil