

VASCULAR ULCERS – A PARADIGM SHIFT TOWARDS A BROADER DEFINITIONDieter Mayer*Zurich University Hospital, Zurich, Switzerland*

Vascular ulcers are generally believed to result from hemodynamic derangements of three main vascular pathologies: arterial obstruction (significant stenosis or occlusion), venous hypertension (superficial and/or deep reflux with or without obstruction) or a combination of arterial obstruction and venous hypertension. The rate of pure venous ulcers, formerly regarded as the main cause of vascular ulcers, has significantly declined over the past decades and these ulcers have been replaced by mixed arterio-venous ulcers in frequency. The rate of ulcers caused by peripheral arterial occlusive disease (often in combination with venous reflux and/or obstruction) has also steadily increased during the years as arterial pathologies have increased along with the steady rise in age of the western population and the epidemic dimension of diabetes. In 2008, experts from a wide range of specialties met at the interdisciplinary leg summit (ilegx) consensus conference in London to discuss the reasons of the alarming rise in lower extremity amputations. A new concept was developed: the category of vascular ulcers (70%) comprised ischemic arterial, renal arterial, diabetic arterial, inflammatory, venous and lymphatic ulcers caused by derangement of macro- as well as micro-vascular pathophysiology; non-vascular ulcers (30%) were defined as caused by non-arterial diabetic pathological changes, pressure and a variety of other causes. The "ilegx wheel" was developed with the goal to help clarify the interdisciplinary nature of the causes leading to leg and foot tissue loss and speed up patient referral in order to prevent it. The reasons for this paradigm shift are presented and discussed in details.