

## Residual pressure ulcers in COVID-19 patients



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**Y**ou have likely heard of post-COVID conditions. There are many terms for the wide range of health consequences that are present 4 or more weeks after infection with COVID-19. Some of the best known are 'COVID brain' to describe cloudy thinking and 'long-hauler syndrome' to describe fatigue and residual pulmonary issues. However, I would like to add one to the list: large full-thickness pressure ulcers with poor chance for healing due to polymyopathy, hypermetabolic states and residual tissue ischaemia. These are buttocks pressure ulcers, not ones on the anterior surfaces from being prone.

The pressure ulcers form on the mid-buttocks, not the sacrum nor the ischia. Their location results from being positioned in bed at a 45-degree head of bed elevation to support the patient's breathing. Most of these pressure ulcers likely began as deep-tissue pressure injury in part due to the ischaemia of the tissue from COVID-19, combined with pressure and shear from the position in bed. In the early days of the pandemic, many patients died of the infection, so the magnitude of the pressure ulcer was never realised. Today, as more people are surviving the infection, they are entering post-hospital settings for care with wounds so large that rehabilitation has to be delayed.

I have a couple of photos to show the size and seriousness of these wounds. [Figures 1 and 2]. Last year, the US National Pressure Injury Advisory Panel (NPIAP) set forth some opinions that the development of pressure ulcers during COVID surges were likely unavoidable due to the ischaemia of the tissue from COVID-19 (NPIAP, 2020), the lack of supplies for care and the overburdened staff in critical care units in the US. While that was and is still true, the care of the patients who survived COVID-19 with these wounds has not been addressed. My recommendations



Figure 1. DTPI on mid buttocks at onset.



Figure 2. Necrotic wound 3 weeks later



Figure 1c. Wound after 2 debridements.

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## References

National Pressure Injury Advisory Panel (2020) Unavoidable Pressure Injury during COVID-19 Pandemic: A Position Paper from the National Pressure Injury Advisory Panel. Westford, MA: NPIAP. Available at: <https://bit.ly/3DypRas> (accessed 31.08.2021)




Figure 2a. Necrotic wound when discovered.

for treatment of these large wounds is to go slow; creating a large cavernous wound in a hypermetabolic patient will be extremely difficult to heal. Some centres in the US are



Figure 2b. Wound 2 weeks later.

starting to examine the trends in outcomes of these patients and describe the options for treatment. Their work cannot come fast enough for these patients. 

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