Thirty four out of expected forty results were analyzed. The histopathology studies were carried out by three consultants in the pathology department of the hospital depending on who was on duty the day the specimens were processed.

The mean (sd) age of the patients was 40.76(18.16), most of the cases of the chronic leg ulcers were analyzed. The histopathology studies were carried out by three consultants in the pathology department of the hospital depending on who was on duty the day the specimens were processed.

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The ulcers were scored as follows:

A. Aetiology -
   (i) Local 1
   (ii) Controlled systemic disease 2
   (iii) Systemic disease uncontrolled 3
   (iv) Malignancy 4

B. Base
   (i) Soft, mobile 1
   (ii) Hard, fixed 2

D. Discharge
   (i) Slight to moderate 1
   (ii) Contaminated, purulent 2

E. Edge
   (i) Flat, shelving, punched out 1
   (ii) Undermined, raised 2

F. Floor
   (i) Predominantly granulation 1
   (ii) Predominantly sloughy 2

S. Size
   (i) <2.5cm in dimension 1
   (ii) >2.5cm in dimension 2

Total score was applied for each of the patients maximum score being 14. The histopathology result was scored as follows:

(i) No pathogens, only granulation tissue 1
(ii) No pathogens but pus cells present 2
(iii) Colonization, that is, organisms present in non-viable tissue 3
(iv) Bacterial invasion of viable tissue 4
(v) Perivascular invasion 5


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REFERENCES


Various wound severity scoring system have been devised by different workers. David Kington et al made use of wound scores based on general wound parameters, anatomic consideration and wound measurements. Some of these scoring systems are not easily applicable in this environment. ABDEFS scoring method is a simple and reliable means of evaluating ulcers. The current emphasis in medical statistics is to report results in a way that is not only statistically significant but also clinically meaningful. In this study the p-value of 0.005 and correlation coefficient @ value of 0.440 which falls within 95% confidence interval established both statistical and clinical significance between the ABDEFS' scoring system and histopathology result of an ulcer.

Since histopathology study is not readily available in some centers, it will be most appreciable if a clinician can predict the clinical status of an ulcer with respect to the degree of bacterial invasion. The depth of bacterial invasion may be a pointer to some dangerous complications that can arise from chronic ulcer. For example, a perivascular invasion by bacteria may be a point to an imminent sepsicaemia. Using the ABDEFS' scoring system, a clinician in peripheral and some general hospitals in Nigeria can predict the degree of bacterial invasion of the ulcer based on assessment of its clinical appearance and thus commence appropriate treatment before further complication set in. For example an ulcer whose appearance has been scored as eight will be expected to have histopathology score of 3.5. This study constitute a beneficial additional adjunct to the previous study of the correlation of the clinical status of an ulcer with the bacterial count of the ulcer biopsy.

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