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## CME examination

Identification No. JB1019

October 2019 issue of the Journal of the American Academy of Dermatology.

Mervis JS, Phillips TJ. J Am Acad Dermatol 2019;81:893-902.

*Directions for questions 1-4: Choose the single best response.*

A 35-year-old man with cerebral palsy and a history of pressure ulcers is seen in the clinic with his father for follow-up. He has no wounds, but his father is concerned about ulcer recurrence. The patient has been sleeping on a standard mattress and uses a cushion when in his wheelchair.

1. What is the best recommendation for preventing future pressure ulcers?
  - a. Continue using the current mattress because no new pressure ulcers have developed
  - b. Switch to a constant low-pressure or alternating-pressure mattress
  - c. Replacing the wheelchair cushion every 6 months will lower the risk of pressure ulcers
  - d. Repositioning every 2-4 hours will ensure the tissue injury does not have time to occur
  - e. 90° lateral positioning is more likely to prevent pressure ulcers than 30° lateral positioning

The patient's father also mentions that his son has not been eating well lately and seems to be losing weight.

2. What is the most appropriate next step?
  - a. Order a complete blood cell count, comprehensive metabolic panel, and prealbumin
  - b. Elicit further history and perform a physical examination
  - c. Instruct the father to keep a detailed food log
  - d. Recommend a high-protein drink to supplement the son's diet
  - e. Weigh the patient today and reassess in 1 month

A 90-year-old woman presents to the emergency department with a painful draining wound on her back. She says the wound has been present for a month, but it has become painful over the past week. She has been spending most of her day in bed or a chair since she fell a few months ago. The physical examination reveals a full-thickness ulcer with moderate drainage over her left scapula, which you diagnose as a stage 3 pressure ulcer. You also note the presence of surrounding warmth, erythema, and maceration.

3. What is the best initial step for management?
  - a. Obtain a magnetic resonance imaging scan to assess for osteomyelitis
  - b. Order a complete blood cell count and blood cultures
  - c. Obtain a biopsy specimen of the wound for tissue culture and pathology
  - d. Obtain wound culture and begin oral antibiotics
  - e. Cleansing and sharp debridement

The patient is discharged with a 10-day course of antibiotics. Two weeks later, she comes to the clinic for follow-up, now without any pain and only light drainage. You do not see any signs of ongoing infection and are pleased to see areas of new epithelium at the wound edges. The wound is cleaned and debrided in the clinic.

4. What is the best next step in management?
  - a. Choose a dressing to promote a moist wound environment
  - b. Cover the wound with damp gauze and instruct the patient to change the dressing daily
  - c. Start negative pressure wound therapy
  - d. Apply acellular dermal matrix to promote migration of fibroblasts
  - e. Recommend a short course of hyperbaric oxygen therapy