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SKIN CARE AND ADVANCED SKIN CHANGES IN LOWER LIMB LYMPHEDEMA

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Normal skin structure shows a major affection in lower limb lymphedema along with it is a structure complex carries primary importance in protective barrier function and integration natural moisture balance. Integration natural moisture balance of skin should be placed primarily in the treatment plan against the corruption of skin integrity, injuries, infections and as the most importantly to recurrences. In lower limb lymphedema, skin is more fragile and vulnerable to injuries due to prolonged and increased interstitial pressure along with increased diffusion distance and ineffective nourishment. Adipose tissue and fibrotic changes in basal are reported as the underlying reason, therefore these changes could cause advanced skin changes. In lower limb lymphedema, erysipelas infection which might be experienced by patients due to corrupted immune function and inadequate barrier function of skin was reported as 29% in chronic edema. Above 25% of this population, hospitalization was reported as a requirement1. According to the National Health Service (NHS), 96 million £ health expense and 7.1 days hospitalization in average was reported for erysipelas infection2. Researchers reported that stabilization should be integrated with broad range antibiotics along with the integration and continuity to complex decongestive. It is also reported that this approach is beneficial for reducing infection attacks and damage of lymphatics because of infection3. In addition, hyperkeratosis, papillomatosis, lymph fistule, fungal infections, folliculitis, ulcerations, and skin folds which are frequently encountered in lower limb lymphedema are critical points should urge upon in the treatment of lymphedema, especially in skin care.

Biography

Alper Tuğral has graduated as a Physiotherapist from Hacettepe University, Faculty of Health Sciences, Physical Therapy and Rehabilitation. He started working at Abant Izzet Baysal University (AIBU) as a research assistant in 2015. In the same year, he was certified by FoldiSchule, Germany. Later he obtained his master's degree from AIBU Institute of Health Sciences at 2016 with the subjects of lower limb lymphedema. He is a PhD student now and continues his researches at the same Institute. His working specialties are on breast cancer, breast and gynecologic cancer-related lymphedema, chronic venous insufficieny, wound care, exercise-based intervention in oncologic rehabilitation. Presently he has been working at AIBU in Bolu.

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