

Moisture Lesions vs Pressure Injuries

Differentiation Between Pressure Injuries and Moisture Lesions

Location

Moisture Lesions



A combination of moisture and friction may cause moisture lesions in skin folds, but most commonly they are present in the anal cleft.

Pressure Injuries



A pressure injury is most likely to occur over a bony prominence.

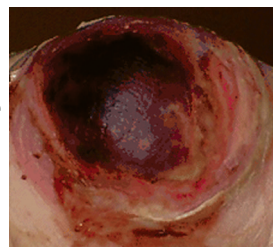
Necrosis

Moisture Lesions



There is no necrosis in a moisture lesion.

Pressure Injuries



A black necrotic scab on a bony prominence is a pressure injuries classification 3 or 4.

3M acknowledges the classification in Necrosis-Pressure Injuries has since changed with recent publication of International Pressure Injury Guidelines. This literature piece is purely demonstrating the difference between moisture lesions and pressure injuries.

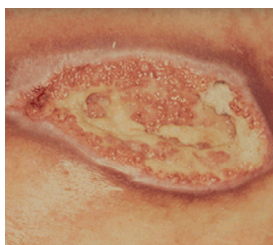
Shape

Moisture Lesions



Diffuse, different superficial spots are more likely to be moisture lesions. In a kissing ulcer (copy lesion) at least one of the wounds is most likely caused by moisture.

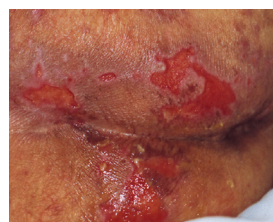
Pressure Injuries



Circular wounds or wounds with a regular shape are most likely Pressure Injuries, however, the possibility of friction injury has to be excluded.

Edges

Moisture Lesions



Moisture lesions often have diffuse or irregular edges.

Pressure Injuries



If the edges are distinct, the lesion is most likely to be a pressure injury.

Depth

Moisture Lesions



Moisture lesions are superficial (partial thickness skin loss). In cases where the moisture lesion gets infected, the depth and extent of the lesion can be enlarged.

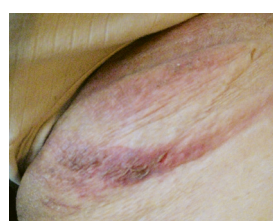
Pressure Injuries



Pressure Injuries vary in depth depending on classification.

Colour

Moisture Lesions



If redness is not uniformly distributed, the lesion is likely to be a moisture lesion.

Pressure Injuries



If redness is non-blanchable, this is most likely a pressure injuries. For people with darkly pigmented skin, persistent redness may manifest as blue or purple.

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1. Hart J. Assessment of the incontinence pad blocking potential of 3M™ Cavilon™ Durable Barrier Cream compared with Sudocrem™ and Zinc and Castor Oil. Nursing Scotland 2002, Issue: July/August.
2. 3M Data on File.
3. Bliss DZ, Zehrer C, Savik K, Smith G, Hedblom E. An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence. J WOCN 2007; 34(2):143-52.
4. Bale S, Tebble N, Jones VJ, Price PE. The benefits of introducing a new skin care protocol in patients cared for in nursing homes. (2004) J Tissue Viability 14(2): 44–50.

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