

Appendix Q: Distinguishing between incontinence-associated dermatitis and pressure injuries

Table 27 below provides an outline of the distinguishing features of incontinence-associated dermatitis and pressure injuries. It may help health providers differentiate between the two types of wounds.

Table 27: Outline of incontinence-associated dermatitis and pressure injuries

PARAMETER	INCONTINENCE-ASSOCIATED DERMATITIS	PRESSURE INJURIES
History	Urinary and/or faecal incontinence	Exposure to pressure/shear
Symptoms	Pain, burning, itching, tingling	Pain
Location	Affects perineum, perigenital area; buttocks; gluteal fold; medial and posterior aspects of upper thighs; and lower back. Dermatitis may extend over bony prominence	Usually over a bony prominence or associated with location of a medical device
Shape/edges	Affected area is diffuse with poorly-defined edges/may be blotchy	Distinct edges or margins
Presentation/depth	Intact skin with erythema (blanchable or non-blanchable), with/without superficial, partial-thickness skin loss	Presentation varies from intact skin with non-blanchable erythema to full-thickness skin loss Base of wound may contain non-viable tissue
Other	Secondary superficial skin infection (e.g. candidiasis) may be present	Secondary soft tissue infection may be present

Source: Reprinted with permission from: Beeckman D et al. Proceedings of the Global IAD Expert Panel. Incontinence associated dermatitis: moving prevention forward. Wounds International 2015. Available from www.woundsinternational.com