

Comparison of Arterial, Venous, and Neuropathic Ulcers

Location

- Arterial: Toes, dorsum of foot, lateral malleolus (distal sites)
- Venous: Medial gaiter area (lower third of leg)
- Neuropathic: Weight-bearing areas (metatarsal heads, heel)

Appearance

- Arterial: Punched-out, pale base, minimal exudate
- Venous: Shallow, irregular edges, granulating, often weeping
- Neuropathic: Deep, under callus, may probe to bone

Skin Changes

- Arterial: Cool, shiny, hair loss, pale
- Venous: Haemosiderin staining, lipodermatosclerosis, oedema
- Neuropathic: Warm, dry, callused, possible Charcot deformity

Pain

- Arterial: Severe, worse at night or when elevated, relieved by dangling leg
- Venous: Mild–moderate, improves with elevation
- Neuropathic: Often painless (due to sensory loss)

Pulses

- Arterial: Reduced or absent
- Venous: Present
- Neuropathic: Present unless coexisting PAD

Other Features

- Arterial: Peripheral arterial disease, claudication, rest pain
- Venous: Varicose veins, chronic venous insufficiency, oedema
- Neuropathic: Diabetes, neuropathy, foot deformity

Management

- Arterial: Urgent vascular assessment, revascularisation, avoid compression
- Venous: Compression therapy if ABPI > 0.8, treat oedema
- Neuropathic: Off-loading, glycaemic control, infection prevention