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The National Pressure Ulcer Advisory Panel provides multidisciplinary leadership for improved patient outcomes in pressure ulcer prevention and management through education, public policy and research.

November 14, 2012

Barbara C. Zeiger, Editor
Ostomy Wound Management
HMP Communications
83 General Warren Boulevard
Suite 100
Malvern, PA 19355

Dear Ms. Zeiger,

We are writing in comment to the article entitled "Using Temperature of Pressure-related Intact Discolored Areas of Skin to Detect Deep Tissue Injury: An Observational, Retrospective, Correlational Study" by KJ Farid et al in your August 2012 issue. The article was a single institution retrospective review of pressure related color changes in the setting of intact skin.

With respect to the staging system, we follow the scientific process. Change is warranted based on robust and confirmed research. Also, any definition meant for widespread use must walk the line between comprehension and comprehensiveness.

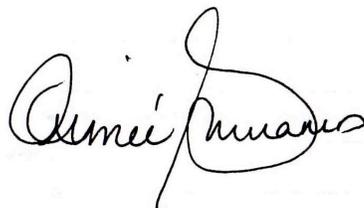
For future researchers in this area we recommend:

- **Methodology.** It is not clear that industrial grade thermography is the appropriate modality for this type of investigation. From the work of numerous people in infrared research we understand that many factors can impact accuracy and precision including, microclimate, co-morbidities, timing, ambient temperature and inter/intra-operator reliability. These issues must be clearly outlined, rigorously applied in the protocol and accurately reported. Also, the referral protocol for the institution was biased against stage 1 ulcers. It is likely that some stage 1 ulcers were not seen by the wound care service and therefore under-represented in this work. This type of selection bias impacts the statistics adversely.
- **Discussion.** The discussion section allows the authors to extend their specific findings to larger scientific and clinical questions. This type of extrapolation must be in line with sound scientific method and professional norms. The statement from this article that thermography is an excellent tool for diagnosing stage 1 ulcers is inaccurate and unfounded. We invite journal editorial boards and reviewers to pay attention to this as their articles may incite unintended confusion. For someone scanning the literature, this statement may be unnecessarily misleading.

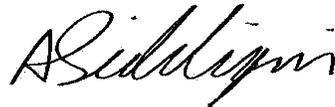
- Conclusion. Although not an explicit goal of this project, the authors suggest their findings should be used to revise the NPUAP stage I pressure ulcer definition. The article results section makes no mention of which lesions were stage I ulcers. It is difficult to agree or disagree with the authors in the absence of data. If the manuscript does not explicitly state cohort members, it is impossible to know if or to what degree the present definition was inadequate.

There is no doubt that the science of pressure ulcer classification remains in evolution. We are open to new ideas based upon reliable accurate reproducible science, which will allow us to improve definitions and classifications. We encourage this group and others to remain on this path.

Sincerely,

A handwritten signature in black ink, appearing to read "Aimee Garcia". The signature is fluid and cursive, with a large loop at the end.

Aimee Garcia, MD, CWS, FACCWS
President

A handwritten signature in black ink, appearing to read "Aamir Siddiqui". The signature is cursive and somewhat stylized.

Aamir Siddiqui, MD
Chair, Public Policy Mission Committee