When the Wound Heals but the Pain Begins: A Rehabilitation Perspective on Post-Ulcer Pain and Pruritus

Ricky Jung, DO; Leah Ilyaev, DO; Paul Pipia, MD

Nassau University Medical Center, East Meadow, NY

Introduction

- Chronic venous leg ulcers can produce substantial pain and impair mobility.
- Sensory symptoms after documented wound closure are less emphasized.
- Distinguishing recurrent tissue pathology from post-healing pain and pruritus is important in rehabilitation.
- Management may shift from wound care toward symptom control and preservation of function.

Objectives

- Highlight post-healing pain and pruritus after venous ulcer closure.
- Distinguish recurrent wound pathology from residual sensory symptoms.
- Emphasize PM&R symptom control, mobility preservation, and vascular coordination.

Materials & Methods

- All protected health information was de-identified. This case report was exempt from institutional review board review under NuHealth policy.

Clinical Findings

- Healed medial malleolar ulcer with chronic venous stasis changes and mild edema.
- No open wound, drainage, erythema, warmth, or tenderness.
- Bilateral ankle range of motion and strength were intact.
- Sensation was grossly intact to light touch.
- Venous insufficiency testing showed no femoropopliteal deep venous thrombosis.
- Bilateral superficial venous insufficiency was present at the saphenofemoral junctions and great saphenous veins, worse on the left.

Case Presentation

- 76-year-old female with chronic venous insufficiency, hypertension, CKD stage 3A, hyperlipidemia, prediabetes, sinus arrhythmia, secondary hyperparathyroidism, and anemia of chronic disease.
- Presented to PM&R for left ankle pain and pruritus at a healed medial malleolar ulcer.
- The ulcer had been present for several years and was managed with compression dressings, wound care, leg elevation, and ambulation recommendations.
- By April 2026, the wound was documented as closed and healed, and she denied pain.
- Over subsequent months, she developed intermittent sharp pain rated 6/10 with significant pruritus localized to the healed site.
- PM&R management emphasized skin hydration, topical lidocaine pending vascular clearance, continued mobility, vascular follow-up, and reassessment.

Discussion

- This case highlights a rehabilitation transition from wound-centered care to management of post-healing sensory symptoms.
- New focal pain and pruritus developed after documented ulcer closure despite preserved strength, motion, sensation, and no recurrent wound or infection.
- Chronic venous disease, local nerve irritation, or sensitization may contribute.
- PM&R can characterize residual symptoms, preserve mobility, and coordinate treatment with vascular specialists.

Conclusion

- Post-ulcer pain and pruritus may emerge after wound closure despite no recurrent wound or infection.
- PM&R evaluation can help shift care from wound management toward symptom control and function preservation.
- Skin hydration, topical analgesia when appropriate, continued mobility, vascular follow-up, and reassessment may support rehabilitation.

References

1. Leren L, Johansen E, Eide H, Falk RS, Juvet LK, Ljoså TM. Pain in persons with chronic venous leg ulcers: a systematic review and meta-analysis. Int Wound J. 2020;17(2):466-484. doi:10.1111/iwj.13296.

2. Eusen M, Brenaut E, Schoenlaub P, Saliou P, Misery L. Neuropathic pain in patients with chronic leg ulcers. J Eur Acad Dermatol Venereol. 2016;30(9):1603–1605. doi:10.1111/jdv.13647.

3. Jull A, Slark J, Parsons J. Prescribed exercise with compression vs compression alone in treating patients with venous leg ulcers: a systematic review and meta-analysis. JAMA Dermatol. 2018;154(11):1304-1311. doi:10.1001/jamadermatol.2018.3281.