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IMAGE

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Introduction

Chronic non-healing wounds tender a great challenge to patients, physicians, and wound care professionals [1]. In view of the increasing prevalence of chronic wounds due to traumatism, diabetic foot, venous, pressure ulcers, and tropical neglected diseases, their appropriate management requires significant attention [2]. Along with the basic techniques of medical, surgical treatments, and dressing; an ideal nutrition intake is essential for a speedy recovery and rapid healing of such wounds [3].

In low- and middle-income countries, nutritional problems are common in poor people whose diets are primarily based on starchy foods and plants [4]. Nutrition is a critical factor in modulating immune homeostasis and thereby the outcome of host microbe interactions. Micronutrient deficiencies produce a wide spectrum of effects ranging from clinical disorders due to severe deficiency to subtle functional impairment in subclinical deficiencies which could, nevertheless, significantly influence the health and survival of the population [5].

Objective

To compare chronic wound inpatients supplemented with food nutrient content with outpatients with their usual intake in a cross-sectional study. Patients' food samples were taken for chemical analyses..

Results

Outpatients' diet: energetic diet 265.9 to 482 kcal and rich in total sugar from 0.5 to 9.7 g / 100 g DM. These dishes are low in protein, with a from 0.4 to 2.28 g / 100 g DM of protein. At the lipid level, from 0.25 to 41 g / 100 g DM of fat. At the carbohydrate level, the dishes have a hyper-carbohydrate 21 to 89 g / 100 g DM of carbohydrates

Inpatients' diet: energetic diet 100 to 361.58 kcal and rich in total sugar from 0,50 to 7,60 g / 100 g DM. low in protein from 0.7 to 2.2 mg / 100 g DM of protein. At the lipid level, the content of the dishes varies from 0.07 to 0.21 g / 100 g DM of fat. At the carbohydrate level, the dishes have a hyper-carbohydrate content with a concentration of up to 71.5 g / 100 g DM of carbohydrates.

From these results it clear that outpatients have a better food diversity score than inpatients, 61% of outpatients have a higher dietary diversity score (Table 3) while inpatients have 67% with lower dietary diversity score

Thus, for Kruskal-Wallis test $p < 0.05$, there is a significant difference between dishes for mineral K. Analysis confirms that at least one of the average rank values of the rice with dry okra sauce and fish in the outpatients' diet is different from the others, p -value = 0.03145

Conclusion This paper insights critical issues pertaining to chronic wounds management. However, analyzing bioavailability of nutrient on patients' blood may strengthen appropriate management.

Methods

Food nutrient content of chronic wounds patients' diet were evaluated in a cross-sectional study within the framework of a wound management study carried out from May 2019 to March 2021 in Ahondo health center and in the Buruli ulcer unit in Taabo [14] Ahondo and Taabo are, in the health and demographic surveillance system (HDSS), composed of a small town, 13 villages, and over 100 hamlets. At the end of 2020, the total population was 49,000 inhabitants living in 6707 households. .

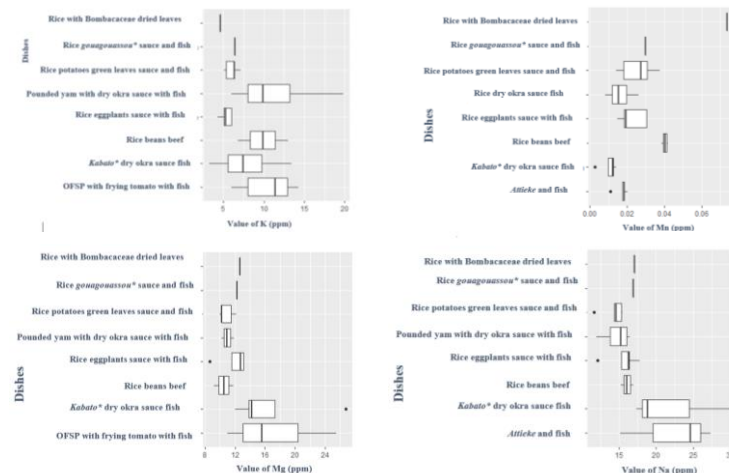


Figure I: comparison of mineral content

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