WOUND HEALING

→ Impairment of wound healing is another common, and potentially serious, side effect of systemic GC use. Corticosteroids interfere with the natural wound-healing process by inhibiting leukocyte and macrophage infiltration, decreasing collagen synthesis and wound maturation, and reducing keratinocyte growth factor expression after skin injury

→ Some topical and systemic agents may help counter the effects of corticosteroids on wound healing, including epidermal growth factor, transforming growth factor beta, platelet-derived growth factor, and tetrachlorodecaoxygen [2]

Methods to Increase wound healing rate

→ subcutaneous sutures
→ predialysis transplantation
→ sealing or ligation of lymphatic trunks
→ prophylactic fenestration
→ reduction of corticosteroid load
→ avoiding sirolimus/everolimus therapy[1]

[1]- Røine, E., Bjørk, I., & Øyen, O. (2010). Targeting Risk Factors for Impaired Wound Healing and Wound Complications After Kidney Transplantation. Transplantation Proceedings, 42(7), 2542-2546. doi: 10.1016/j.transproceed.2010.05.162

[2]- Liu, D., Ahmet, A., Ward, L. et al. A practical guide to the monitoring and management of the complications of systemic corticosteroid therapy. All Asth Clin Immun 9, 30 (2013). https://doi.org/10.1186/1710-1492-9-30