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HYPERGRANULATION ASSOCIATED WITH CHILDBIRTH-RELATED PERINEAL TRAUMA

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Introduction

Hypergranulation is a complication of childbirth-related perineal trauma (CRPT) where healing by secondary intention occurs (Webb et al 2014), defined as red, vascular granulation tissue that develops above the level of the surrounding healthy epithelium. Its vascularity and lack of epithelium cause friability, bleeding and susceptibility to damage (Vuolo 2010). The impact of this delayed healing on the patient should not be underestimated by the clinician (Webb et al 2014). In a retrospective review (Brophy et al 2022), 31 women out of 1162 clinic attenders were identified with hypergranulation, representing an incidence of 2.7%, although the true prevalence is likely unknown as women present to multiple different healthcare facilities for treatment. No national guideline or wound care pathway is currently available for the management of this condition.

Methods

1. Literature review of treatment options for hypergranulation tissue 2. Small, scoping survey of UK practice

Results

Treatment options most commonly appearing in the literature were a "watch and wait" approach, topical application of silver nitrate, topical application of steroid and surgery. Silver nitrate was the most frequently used treatment in the survey responses. No peer reviewed scientific papers specifically addressing hypergranulation associated with CRPT were identified.

Conclusion

No clear evidenced-based treatment option was identified on how hypergranulation tissue should be managed after childbirth-related perineal trauma. A large, multi-centred RCT is required to establish the most effective and acceptable treatment to manage hypergranulation tissue in CRPT, as without any evidence to identify the optimum treatment to improve patient outcomes it is difficult to justify practice. In the interim, we propose measures be adopted for early identification of wounds at risk of developing hypergranulation; pathways must include strategies and treatments to optimise wound healing to avoid hypergranulation.

References

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