Accuracy and Reliability of Wound Areas and Perimeters Measured from Digital Images using Computerized Planimetry

Background: Tracking wound 'size' is an essential part of treatment. Because a wound's initial size affects apparent healing rates, its surface area (S) to perimeter (P) ratio (S/P) is useful to document healing. Changes in S/P provide a quantitative index of movement of a healing wound's margin toward the center or away if the wound is growing. Assessments can be done using computerized planimetry whereby a wound's margin is outlined on a computer screen and the perimeter and enclosed area are automatically determined by easy to use and readily affordable software*. Because wounds are sometimes treated and evaluated by different caregivers and because measurement-time is a consideration, it is important to have an estimate of accuracy, reliability and measurement-time with which S and S/P can be routinely determined.

Purpose: To determine accuracy, reliability and measurement-time of S and S/P when images recorded by digital photography were measured by 4th year student nurses.

Methods: Six images of various complexities having areas known to within $\pm 0.1 \text{cm}^2$ were measured in triplicate by 20 students during two sessions one week apart. Images included; an ellipse (84cm²), two traced venous ulcers (87cm²), a pressure ulcer (82cm²), plantar ulcer (6.5cm²) and venous ulcer (41cm²). Area error was determined as the percentage difference between known and planimetry measured areas. Reliability was assessed from coefficient of variations (CV%) calculated from standard deviations (sd) of differences between the two measurement sessions.

Results: Area error (mean \pm sd) ranged from -3.8 \pm 7.0% to +2.4 \pm 2.2%. CV% was 0.85 to 8.45% for areas and 0.89 to 6.04% for S/P. The smallest wound (plantar) had the largest variance mainly due to variability in defining its margin. Average wound measurement-time was 81.0 \pm 10.5 seconds.

Conclusions: Results suggest that simple computer-based planimetry of digital images can provide rapid, accurate and reliable estimates of wound area and S/P ratios.

*www.clinsoft.org

References

- 1. Gorin DR, Cordts PR, LaMorte WW, Manzoian JO. The influence of wound geometry on the measurement of wound healing rates in clinical trials. J Vasc Surg. 1996;23:524-528.
- 2. Harding KG. Methods for assessing change in ulcer status. Adv Wound Care. 1995;8:suppl 37-42.
- 3. Gethin G, Cowman S. Wound measurement comparing the use of acetate tracings and Visitrak digital planimetry. J Clin Nurs. Apr 2006;15(4):422-427.
- 4. Griffin JW, Tolley EA, Tooms RE, Reyes RA, Clifft JK. A comparison of photographic and transparency-Based methods for measuring wound surface area. Phys Ther. Feb 1993;73(2):117-122.
- 5. Langemo DK, Melland H, Hanson D, Olson B, Hunter S, Henly SJ. Two-dimensional wound measurement: comparison of 4 techniques. Adv Wound Care. Nov-Dec 1998;11(7):337-343.
- 6. Lucas C, Classen J, Harrison D, De H. Pressure ulcer surface area measurement using instant full-scale photography and transparency tracings. Adv Skin Wound Care. Jan-Feb 2002;15(1):17-23.
- 7. Mayrovitz HN, Smith J, Ingram C. Geometric, shape and area measurement consideration of diabetic neuropathic plantar ulcers. Ostomy/Wound Management. 1997;43(9):58-64.
- 8. Gilman TH. Parameter for measurement of wound closure. . Wounds. 1990;3:95-101.
- 9. Margolis DJ, Gross EA, Wood CR, Lazarus GS. Planimetric rate of healing in venous ulcers of the leg Treated with pressure bandage and hydrocolloid dressing. J Am Acad Dermatol. Mar 1993;28:418-421.
- 10. Cukjati D, Rebersek S, Miklavcic D. A reliable method of determining wound healing rate. Med Biol Eng Comput. Mar 2001;39(2):263-271.