



## Editors' Note

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Chronic wounds and diabetes-related foot complications constitute one of the persistent, complex, and insufficiently addressed global health challenges of our century. Despite major advances in medical technology, developments in bioengineering, and significant progress in interdisciplinary care models, chronic wound management continues to impose a substantial clinical, economic, and social burden worldwide. **International Scope of Wound Management (ISWM)** has been established as a dedicated, interdisciplinary, and globally inclusive scientific platform to address these urgent challenges.

The journal aims to build a bridge between basic science, clinical research, public health, and health systems innovation, with a particular focus on chronic wounds and diabetes-related foot diseases. Through rigorous peer review and international collaboration, **ISWM** seeks to advance evidence-based practice, promote translational research, and support equitable wound care across diverse healthcare settings.

### THE GLOBAL BURDEN OF CHRONIC WOUNDS

Chronic wounds—including diabetes-related foot ulcers, venous and arterial leg ulcers, and pressure injuries—affect approximately 1 to 2% of the population in developed countries, and their prevalence is expected to increase significantly due to aging populations, rising diabetes rates, obesity, and vascular diseases (1,2).

Unlike acute wounds, which progress through the orderly and timely phases of wound healing, chronic wounds are those that are physiologically unable to complete these stages. They are characterized by persistent inflammation, neuropathy, impaired angiogenesis leading to ischemia, infection and biofilm formation, and altered cellular signaling. These wounds often persist for months or even years, leading to pain, limited mobility, social isolation, loss of productivity, and reduced quality of life.

## EDITORIAL

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Beyond their impact on patients, chronic wounds represent a significant burden from a health economic perspective, consuming a considerable proportion of healthcare expenditures. In the United States alone, annual healthcare spending related to chronic wounds is estimated at approximately USD 22.5 billion according to Medicare data, while European healthcare systems report costs of a similar magnitude (3,4). Globally, wound care expenditures were estimated to reach USD 148.65 billion in 2022 (4). These figures, however, reflect only recorded costs; indirect costs such as long-term disability, caregiving burden, and loss of workforce participation remain largely unquantified.

## DIABETES-RELATED FOOT DISEASE: AN URGENT PUBLIC HEALTH CRISIS

Globally, diabetes affects more than 530 million people, a number projected to rise to approximately 783 million by 2045 (5). It is estimated that 15–25% of individuals living with diabetes will develop a foot ulcer at some point during their lifetime (6).

Diabetes-related foot problems are the leading cause of non-traumatic lower-extremity amputations worldwide, with one lower limb lost every 20 seconds due to diabetes-related complications (5). Moreover, the five-year mortality rate following major amputation due to diabetes-related causes exceeds 50%, surpassing that of many common cancer types (7). Follow-up outcomes in patients with diabetes-related foot infections demonstrate that after one year, only 46% of wounds have healed (with 10% of these subsequently recurring), 15% of patients have died, and 17% have required lower-extremity amputation (8). In patients with advanced-stage diabetes-related foot ulcers, lower-extremity amputation rates are generally reported to range between 14% and 25%, with 60% of these amputations resulting from infected wounds (9). National and international organizations have developed diagnostic and treatment guidelines to guide healthcare professionals working in this field (10,11).

Beyond these data, diabetes-related foot disease has increasingly become one of the social determinants of health. Socioeconomic inequality, limited access to specialized wound care, inadequate patient education, delayed referral, and fragmented healthcare systems significantly increase the risk of ulceration, infection, and amputation. For this reason, diabetes-related foot management should be understood not only as a clinical challenge but also as a societal and ethical responsibility.

## SCIENTIFIC CHALLENGES IN CHRONIC WOUND MANAGEMENT

Despite extensive research efforts, several significant scientific challenges in chronic wound management persist:

### Heterogeneity of Chronic Wounds

Chronic wounds are physiopathologically heterogeneous, even within the same diagnostic classification (e.g., venous or arterial ulcers). Patient comorbidities, individual variations in immune response, microbiological diversity, and variability in vascular status complicate both clinical management and research design.

### Conflicting Results in Molecular Studies

Although in vitro laboratory research has identified numerous molecular targets and advanced therapeutic approaches—such as growth factors, stem cell therapies, and bioengineered skin substitutes—the translation of these findings into clinical practice remains limited due to insufficient levels of evidence and conflicting results.

### Infection and Antimicrobial Resistance

Rising antimicrobial resistance and biofilm formation, which represent a major problem in chronic wounds, pose significant barriers to wound healing. There is an urgent need for novel antimicrobial strategies and diagnostic methods.

### Comparability of Outcomes

The lack of standardized outcome measures and the absence—or insufficient validation—of wound classification systems, compounded by heterogeneity among patients and diseases, limit comparability across studies and complicate meta-analyses.

### Implementation Science and Health Systems Research

Evidence-based research frequently fails to reach patients due to system-level barriers and inadequate health system record-keeping. Research addressing care pathways, multidisciplinary models, telemedicine, and policy frameworks remains insufficient.

As part of its publication policy, **ISWM** will actively support submissions that address these gaps through innovative



methodologies, robust clinical studies, real-world evidence, and interdisciplinary approaches.

## SCOPE OF THE JOURNAL

**International Scope of Wound Management** welcomes original clinical and molecular research, systematic reviews, meta-analyses, clinical guidelines, and high-quality case series, including but not limited to the following topics:

- Chronic wound pathophysiology
- Prevention, assessment, and treatment of the diabetes-related foot complications
- Advanced wound dressings and biomaterials
- Infection control and wound microbiology
- Vascular and ischemic wound management
- Surgical and reconstructive techniques
- Regenerative medicine and tissue engineering
- Digital health, artificial intelligence, and remote wound care
- Nursing science and multidisciplinary wound care models
- Health economics, policy, and global wound care disparities
- Patient-centered outcomes and quality-of-life research

The journal places special emphasis on multidisciplinary collaboration, recognizing that effective wound care requires the integrated expertise of physicians, nurses, podiatrists, biomedical researchers, engineers, family physicians, and public health specialists.

## WHY PUBLISH IN ISWM

**International Perspective:** We seek contributions from diverse geographic regions, including low- and middle-income countries, to reflect global realities.

**Scientific Rigor:** A transparent peer-review process and adherence to international reporting guidelines are our primary priorities.

**Reporting Standards:** ISWM is committed to clear, high-quality reporting and urges authors to use widely accepted guidelines such as CONSORT, STROBE, PRISMA, CARE, and other EQUATOR Network standards, as needed.

**Clinical Relevance:** Emphasis on the applicability of published articles to real-world practice and their broader impact is among our core objectives.

**Ethical Commitment:** Evaluation of manuscripts with a focus on patient dignity, equity in care, and responsible innovation is a fundamental principle of our publication policy. Manuscripts are reviewed in accordance with global ethical standards and research guidelines for human subjects, such as those of the International Committee of Medical Journal Editors (ICMJE), the Committee on Publication Ethics (COPE), and the Declaration of Helsinki. We focus on patient respect, fairness in care, informed consent, and responsible new ideas.

Across all issues, ISWM aims to set a high scientific standard while fostering an inclusive and forward-looking academic community.

## AN INVITATION TO THE SCIENTIFIC COMMUNITY

We invite the scientific community to contribute to ISWM. By sharing robust scientific evidence and innovative perspectives, authors will help shape the future of wound care and contribute to addressing one of the most urgent yet overlooked areas of global health.

Together, through rigorous scientific research and collaborative dialogue, we can improve outcomes in chronic wound management, reduce preventable amputations, and restore quality of life for millions of people worldwide.

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