

## Editorial



While our association and its journal both ended off 2019 on a high note, the same can unfortunately not be said for the start of 2020!

We started with the very disappointing news that, despite our journal ticking all the boxes required for accreditation, the Department of Higher Education

and Training (DHET) did not accredit it. To say this was frustrating is an understatement, especially given that the reasons cited for not accrediting the journal were not part of the criteria for registration.

If the journal is to be uplifted to new heights, it needs to attract and publish more “high-powered” articles with higher levels of evidence. The best way of doing so is if the journal is accredited. But having these articles in the first place appears to be an important factor in becoming accredited. It is therefore that we find ourselves in the proverbial catch-22, which I mentioned in my first editorial back in 2016.

This is the only multidisciplinary wound journal in Africa but it cannot move forward without the accreditation in place, which is seemingly impossible to obtain because of the catch-22. We are therefore appealing the decision and hope that the committee will reconsider. Failing this, I will propose that the journal be published annually, instead of bi-annually, in the hope that we can become more selective regarding which articles we publish. This will hopefully aid our application for accreditation.

The second disappointment came when COVID-19 reared its ugly head and changed everyone’s lives, without exception. Never before have any of us experienced such a pandemic, which has

changed the world for years, if not decades, to come. Most of our WHASA members who are dealing with wounds are working at the frontline because a patient cannot be precluded from having wound care just because of their COVID-19 status. We salute all of these selfless heroes.

On that note, we have published a beautifully written “Letter to the Editor” on the burdens of care in our healthcare system and the many sacrifices our heroic wound care specialists have to make to provide care to their patients.

This issue also sees two articles in the field of burns. One article is the second part of a series on Quality Improvement in burns. The first part of the series was published in 2018’s first issue. The second burns article in the current issue is a review of the Durban experience in dealing with the “massive burn”. These are complex problems, which rely in part on a well-run healthcare system. Unfortunately, most of our state hospitals are not shining examples of the latter.

Another article in this issue takes a look at a honey-based product (Wound Occlusive®), which includes zinc oxide, xylitol and hyaluronic acid in its formulation. The cases described appear to have favourable results.

Lastly, we see an interesting case report, which teaches us the importance of always considering malignancy when presented with an unusual or chronic wound. This extremely rare case of cancer arising from a tattoo, initially masqueraded as a wound complication as a result of the recent tattooing. This report also serves as this issue’s CPD article, so please help yourselves to three CPD points by correctly answering the questions online.

I hope you enjoy the read and please keep safe during these trying times.

**Nick Kairinos**

*Editor: Wound Healing SA*