

Palliative Care For Patients With External Malignant Tumors

Linda Woodward, RN, BSN, OCN, CWOCN
Wound, Ostomy, Continence Nurse
The University of Texas MD Anderson Cancer Center
Houston, TX

Fungating tumors can present physical and emotional challenges to patients, families, and caregivers. Approximately 5% to 10% of patients with cancer will develop a fungating tumor; these tumors and metastatic lesions can develop at any point during their care. Patients with external malignant tumors may have to deal with pain, odor, excess drainage, maceration, compromised body image, and impaired mobility. The aim of therapy is to alleviate as many of these symptoms as possible because many of these tumors cannot be surgically removed. The management goal is to promote patient quality of life and independence; care is usually palliative and the fungating tumor is not expected to heal.



Malignant fibrous histiocytoma, a common soft tissue sarcoma.

Dressings such as alginates and foams often are selected to help manage exudate and bleeding. Hemostatic powder is helpful to control bleeding. Antibacterial solutions may be used as cleansing agents to gently debride necrotic tissue and to help kill micro-organisms in the wound. Wound drainage pouches are often beneficial when dressings

must be changed frequently when the skin shows signs of maceration or other damage or odor is objectionable.

Successful management of external malignant tumors involves the combined effort of all members of the healthcare team, including patients and their caregivers, along with the correct use of appropriate products. ■

Resources

- Wound care for pediatric, burn, bariatric and cancer patients. In: Baharestani M, Blackett A, Conner-Kerr TA et al (eds). *The Wound Care Handbook*. Mundelein, IL: Medline Industries Inc.;2007:142-163.
- Goldberg M, McGinn-Byer M. Oncology-related skin damage. In: Bryant R, Nix D (eds). *Acute and Chronic Wounds. Current Management Concepts*. 3rd ed. St. Louis, Missouri: Mosby Inc.; 2007:471-489.
- Dowsett C. Malignant fungating wounds: assessment and management. *Br J Community Nurs*. 2002;7(8):394.

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Commentary from Ferris Mfg. Corp.

Marjolin's ulcer is a wound that commonly develops from a squamous cell carcinoma that has undergone malignant changes at its edges.¹ These malignant wounds can be quite painful and odorous; they produce large amounts of exudate. Often, the goal is to manage the symptoms and provide palliative care.

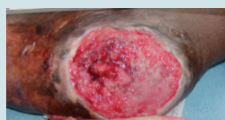
In a representative case study,² a young man with a large infected Marjolin's ulcer on his heel sought relief from persistent pain, odor, and drainage. He was unable to sleep during the night. PolyMem® dressings were chosen because they are very absorbent, continuously cleanse and atraumatically debride the wound, and help decrease the pain by reducing the spread of the inflammatory response into the surrounding tissues. PolyMem Wic® cavity filler was applied between the layers of the ulcer tissue and then covered by a secondary PolyMem dressing. The built-in wound cleansing properties of the dressing combined with the glycerol in PolyMem helped control the odor. The patient's pain diminished rapidly and he was able to sleep through the night. Once stabilized, the Marjolin's ulcer was excised to a full-thickness wound and covered with a PolyMem dressing. His wounds started to granulate but unfortunately his cancer returned, resulting in a below-the-knee amputation. ■

References

1. Baranoski S, Ayello EA. *Wound Care Essentials: Practice Principles*. Ambler, PA: Lippincott Williams & Wilkins;2004.
2. Benskin L. Polymeric Membrane Dressings Provide Excellent Benefits for Palliative Care. Poster presented at the 41st Annual WOCN Conference. St. Louis, MO. June 6-10, 2009.



March 30: After the application of the PolyMem dressings, which were changed daily to address copious drainage and to control odor.



April 6: Tissue excised to the bone.

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