



Malignant Fungating Wounds

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Definition

- The extension of a malignant tumour into the structures of the skin producing a raised or ulcerating necrotic lesion

Incidence

- Not well studied
- 5-10% of cancer patients with metastatic disease will develop a fungating lesion
- Breast most common site (39-62%), head and neck second (24-33%)
- Age 60-70 most affected
- Usually occur in last 6 months of life

Pathophysiology

- Primary skin tumour
- Direct skin invasion by underlying tumour
- Metastatic spread
- 'Seeding' or implantation
- Marjolin's Ulcer



Mohamed, A., Mohamed, A.E., Afzal-Uddin, M. & Emran, F. (2010) Fungating breast cancer, how long we are going to see this stage of the disease. Case report and literature Review. *The Internet Journal of Surgery*, [Online] 23(2)

CT image

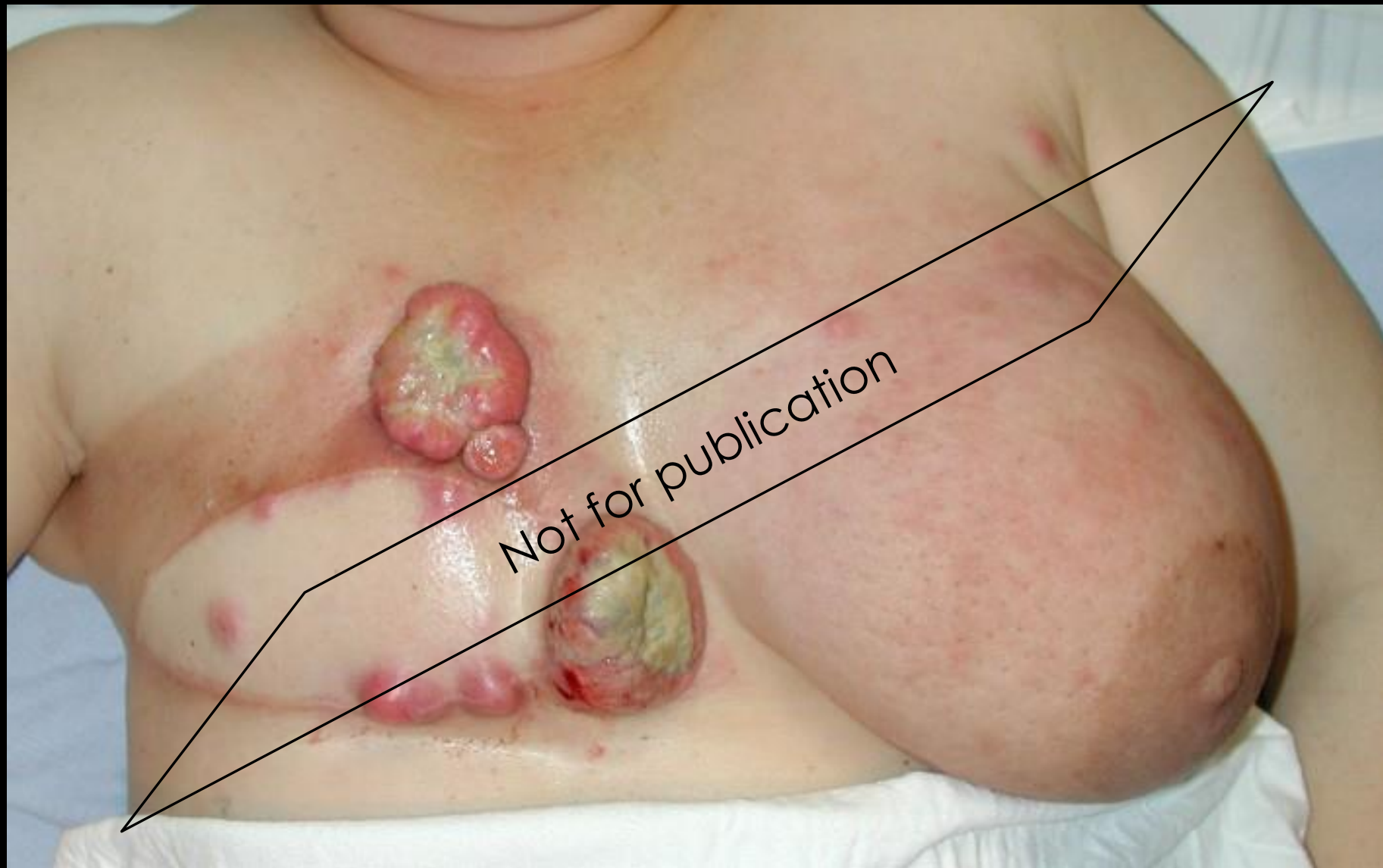
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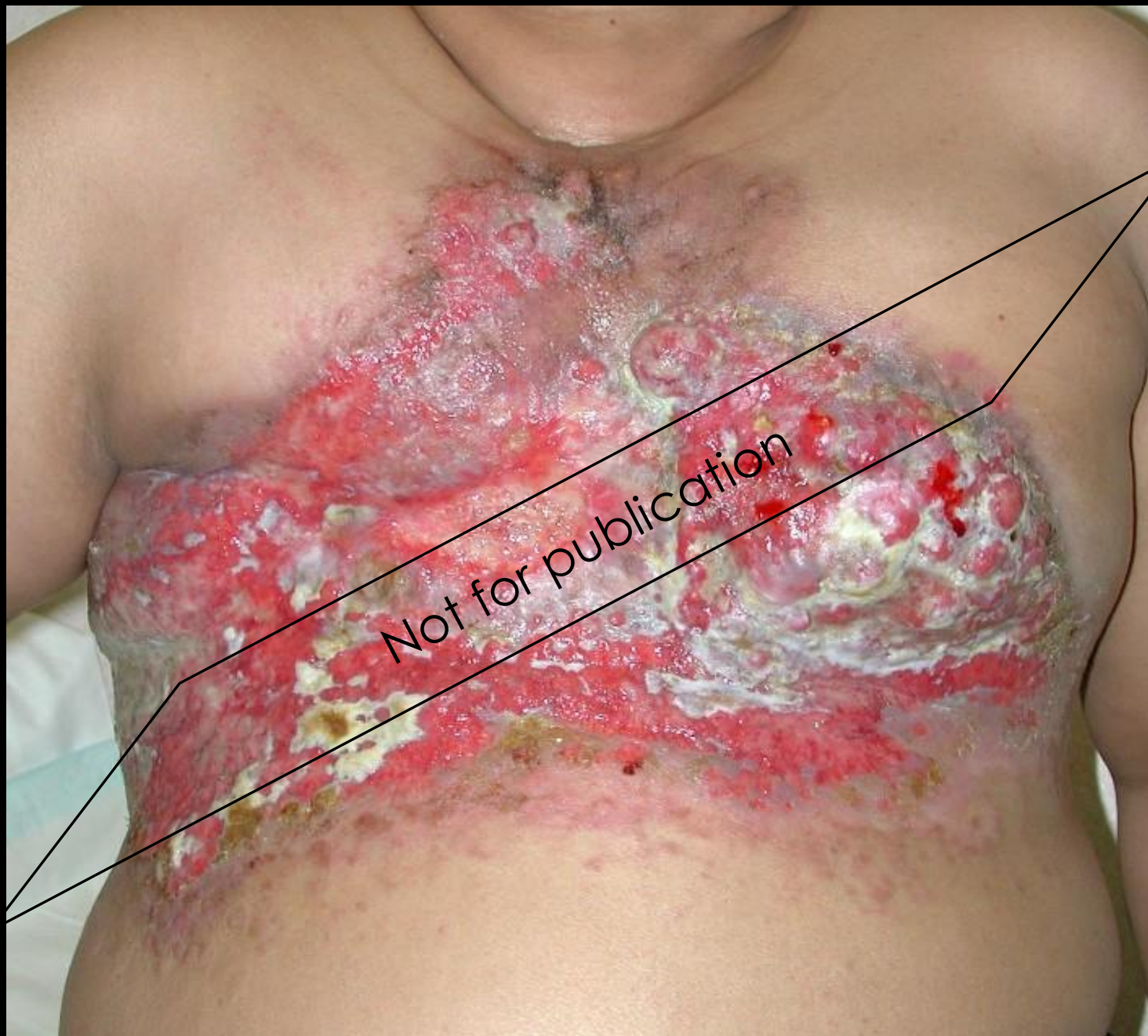


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Pathophysiology

- Initially present as discrete, non-tender nodules
- Disruption of skin capillaries causes tissue hypoxia and necrosis
- May progress to raised, nodular lesion or ulcerating crater with distinct margin

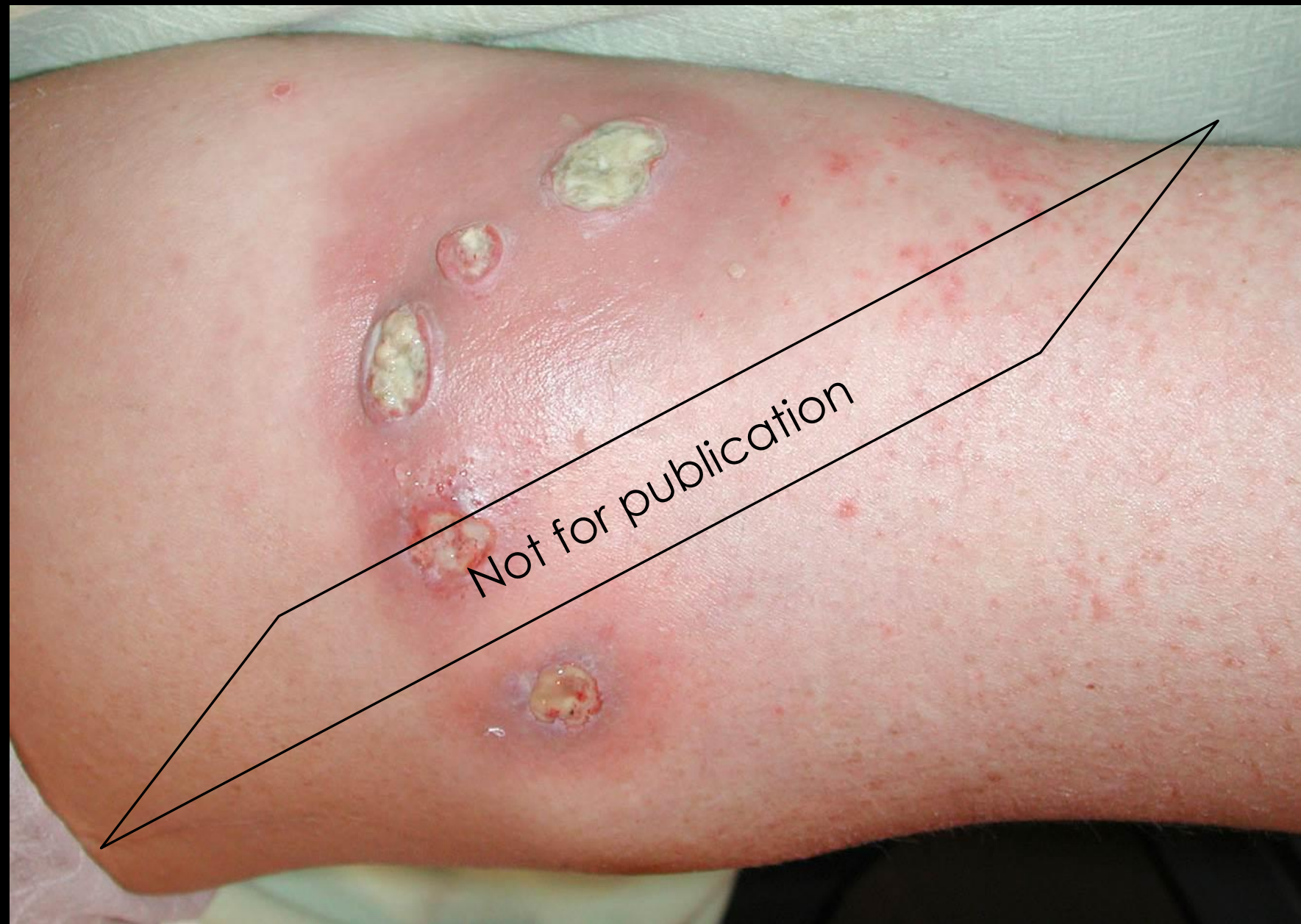


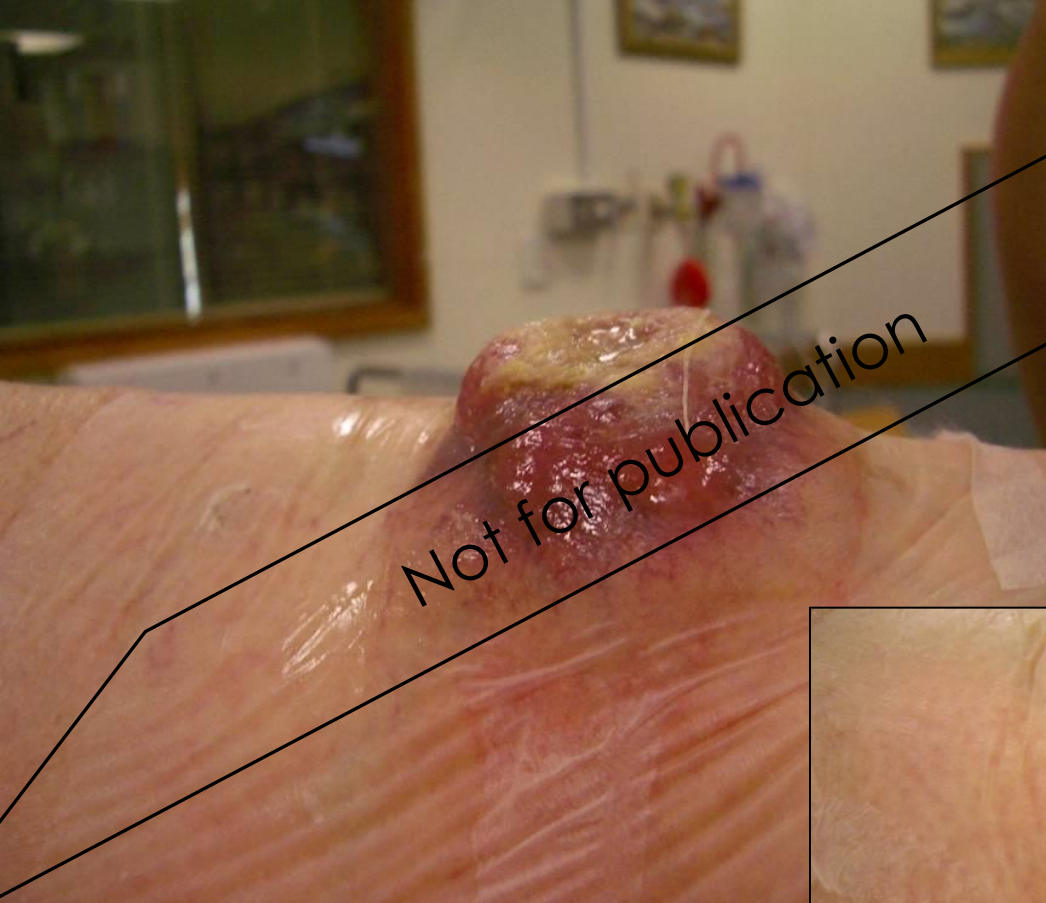




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Wound Problems

- High exudate
- Malodour
- Pain
- Bleeding
- Skin irritation / damage
- Infection
- Location
- Size and shape
- Cosmetic appearance

Emotional and Social Distress

- Constant reminder of advanced cancer
- Body image - presence of an unsightly leaky, malodorous, painful wound
- Withdrawal and social isolation
- Relationship problems
- Social restrictions

Time Frame and Goals of Care

- Wound healing is unlikely
- Goals of wound management are to improve and/or heal the wound
- Time left for patient may make these goals very unrealistic
- Wound care goals will more likely be based around symptom control

Treatment Aims

- Maintain or improve quality of life
- Symptom control
- Promote confidence, independence and sense of well-being
- Prevent isolation

Treating the Cause

- Radiotherapy
- Chemotherapy
- Hormone therapy
- Surgery

Wound Symptom Management

- Malodour
- Exudate
- Bleeding
- Pain
- Case studies

Malodour

- May be the one of the most distressing wound symptoms
- Caused by:
 - bacterial colonisation/infection of devitalised tissue within the wound
 - Stale Exudate in dressing
- Desensitisation does not occur



Malodour Management

- Remove Source
 - Debridement of necrotic tissue
- Treat Cause
 - Metronidazole (Flagyl)
 - Systemic
 - Topical
 - Super oxidised solution (Microdacyn)
 - Silver dressings (released into wound)
 - Manuka Honey

Malodour Management

➤ Control / contain

➤ Dressings

- Activated charcoal
- Silver dressings
- Occlusive dressings

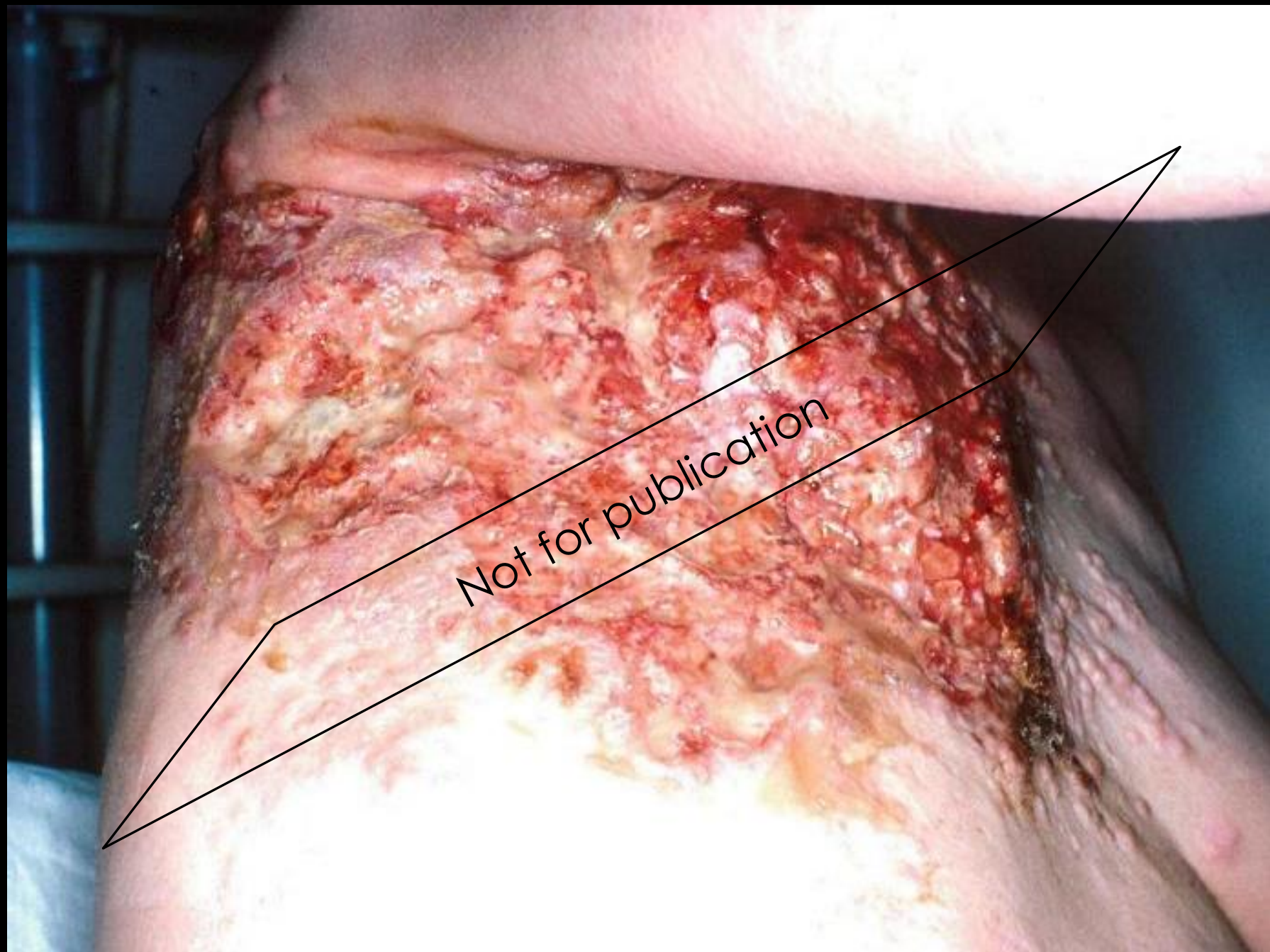
➤ Daily dressing changes / disposal of soiled dressings

➤ Adjuvants

- Deodorisers
- Essential oils
- Charcoal blocks / cat litter
- Filtration system

Exudate

- Difficult problem for both the patient and nurse
- Major source of embarrassment for patients
- Caused by:
 - Infection
 - Necrotic tissue breakdown (autolysis)
 - Increased permeability of blood vessels, secretion of vascular permeability



Exudate Management

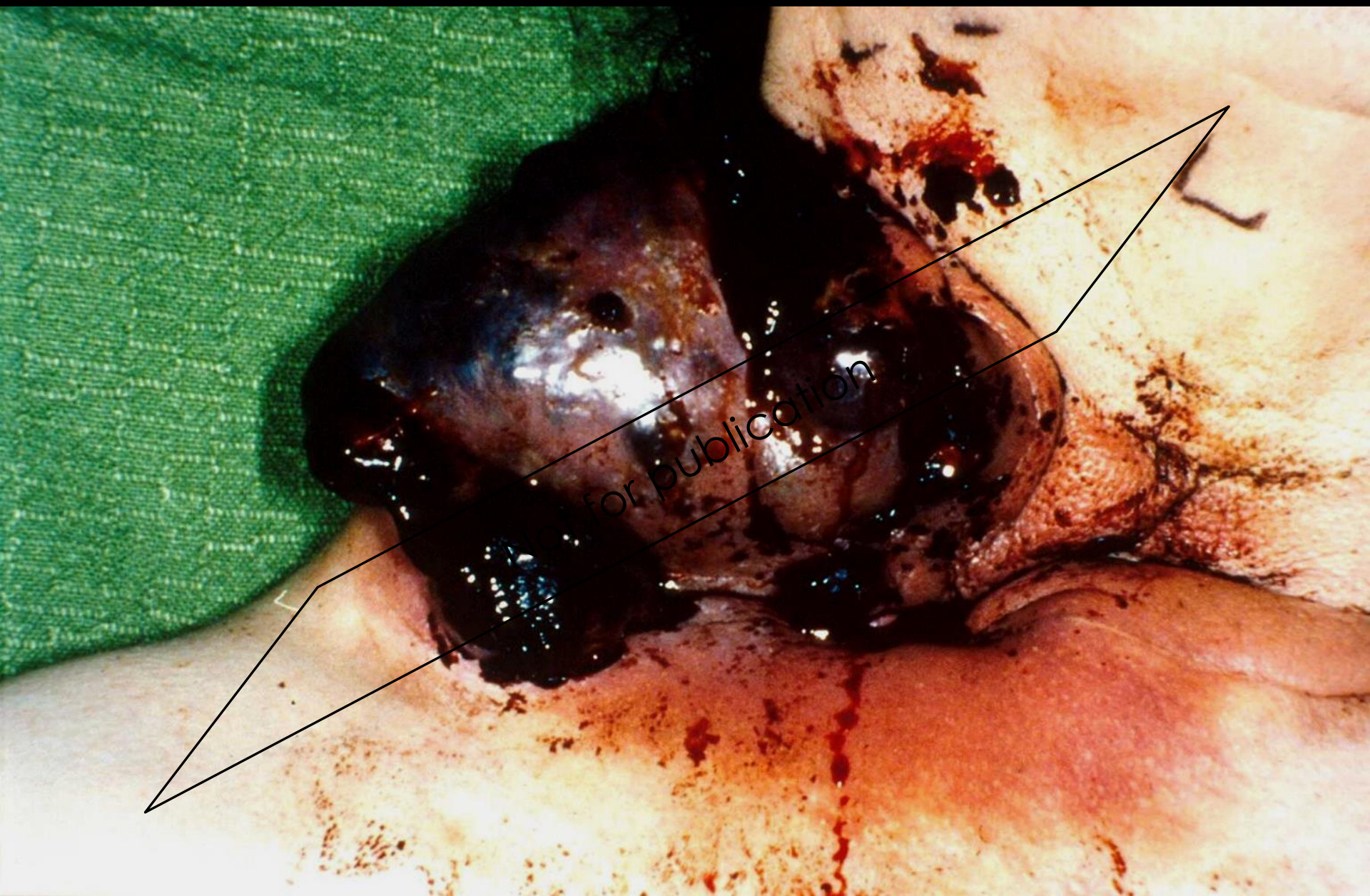
- Absorb Exudate
 - No to low exudate
 - Keep dry and intact
 - Simple protective dressing
 - High exudate
 - Alginates / Hydrofibre
 - Foam dressings
 - Low adherent wound contact layer plus secondary absorbent pad
- Contain exudate away from skin
 - Stoma appliances / wound manager

Exudate Management

- Reduce level of exudate
 - Manage oedema, lymphoedema
 - Treat infection
 - Reduce inflammation
- Protect skin
 - Skin barrier films
 - 'Frame' wound
 - Moisturiser/dimethicone

Bleeding

- Tumour related causes
 - Fragile blood vessels
 - Reduced platelet function
 - Blood vessel erosion
- Wound care practices
 - Adherent dressings
 - Cleansing technique



Not for publication



Bleeding

➤ Preventative

- Low adherent dressings
- Moist wound environment
- Cleansing by irrigation
- Oral Tranexamic acid
- Radiotherapy

➤ Active bleeding

- Alginate dressings
- Haemostatic surgical sponge
- Topical adrenaline / Tranexamic acid
- Cautery/ligation (last resort)

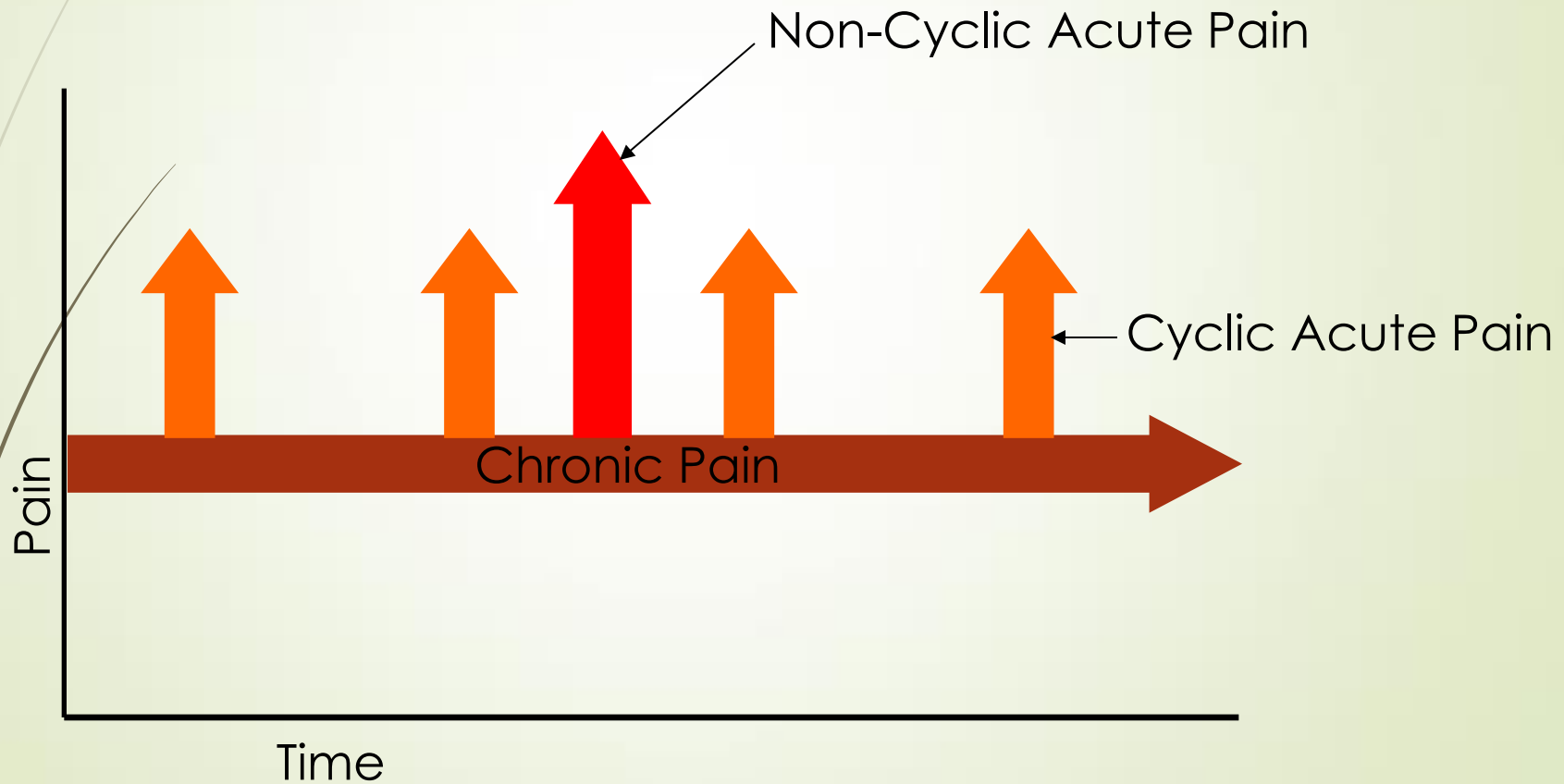
Wound Pain

➤ Is it a Problem?

- Inappropriate beliefs and attitudes
- Inappropriate or non-existent pain assessment
- Inefficient prescribing of analgesia
- Lack of knowledge about pain
- Inappropriate wound care



Types of Wound Pain



Pain Assessment

- Location
- Nature
- Severity
- Onset / frequency
- Duration
- Aggravating factors
- Alleviating factors
- Impact on activities of daily living
- Current analgesia
- Effectiveness of treatments

Wound Pain

- Preventing acute wound pain
 - Irrigate gently with warm 0.9% sodium chloride or water
 - Use a sterile gloved hand
 - Use modern dressing products
 - Maintain moist wound environment
 - “Adhesive dressings” - use with caution
 - Protect surrounding skin

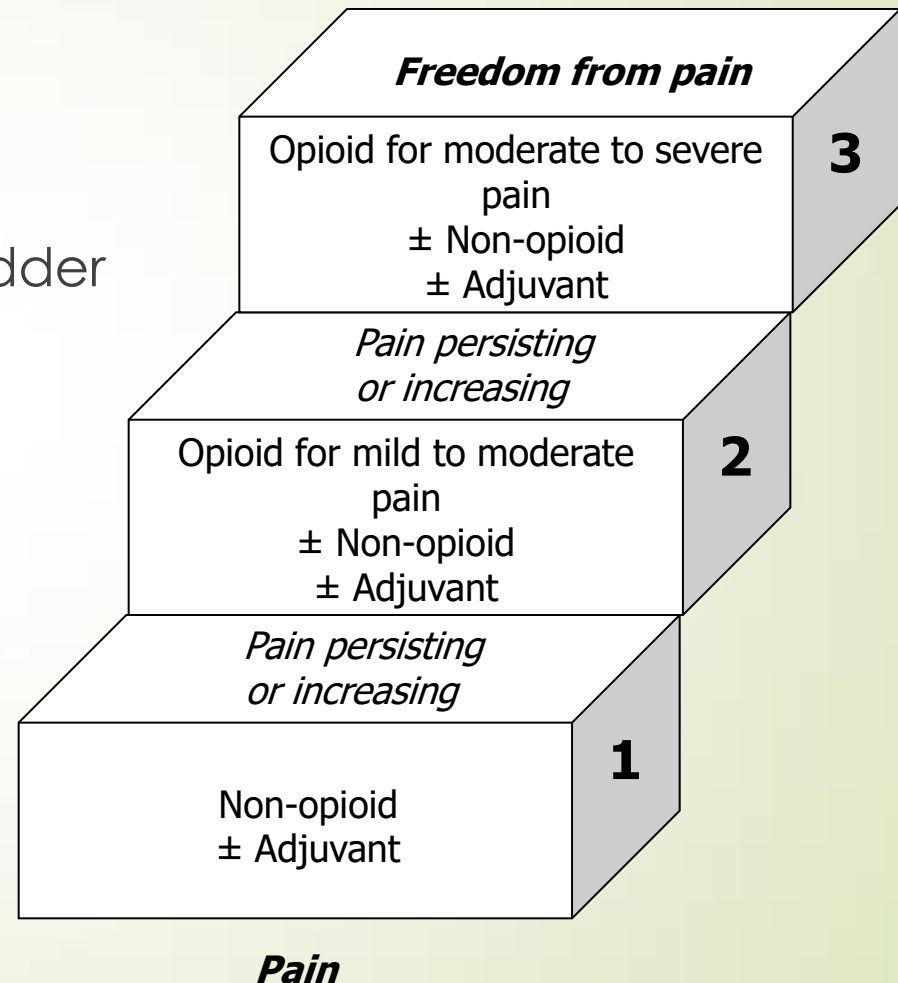
Analgesia

- Non-Cyclic or Cyclic Acute Pain
 - Premedication
 - Normal release/short acting opioid
 - 'Booster' dose of regular analgesia
 - Entonox gas
 - Local anaesthetic
 - Topical
 - Nerve block
 - Wound management practices / dressings

Analgesia

- Chronic Pain
 - WHO analgesic ladder

- By the ladder
- By the clock
- Plus adjuvants



Analgesia

➤ Chronic Pain

➤ Opioid for moderate to severe pain

➤ Morphine, Oxycodone, Fentanyl, Methadone

➤ Opioid for mild to moderate pain

➤ Tramadol, codeine

➤ Non-opioid

➤ Paracetamol, aspirin, NSAIDs

➤ Adjuvant

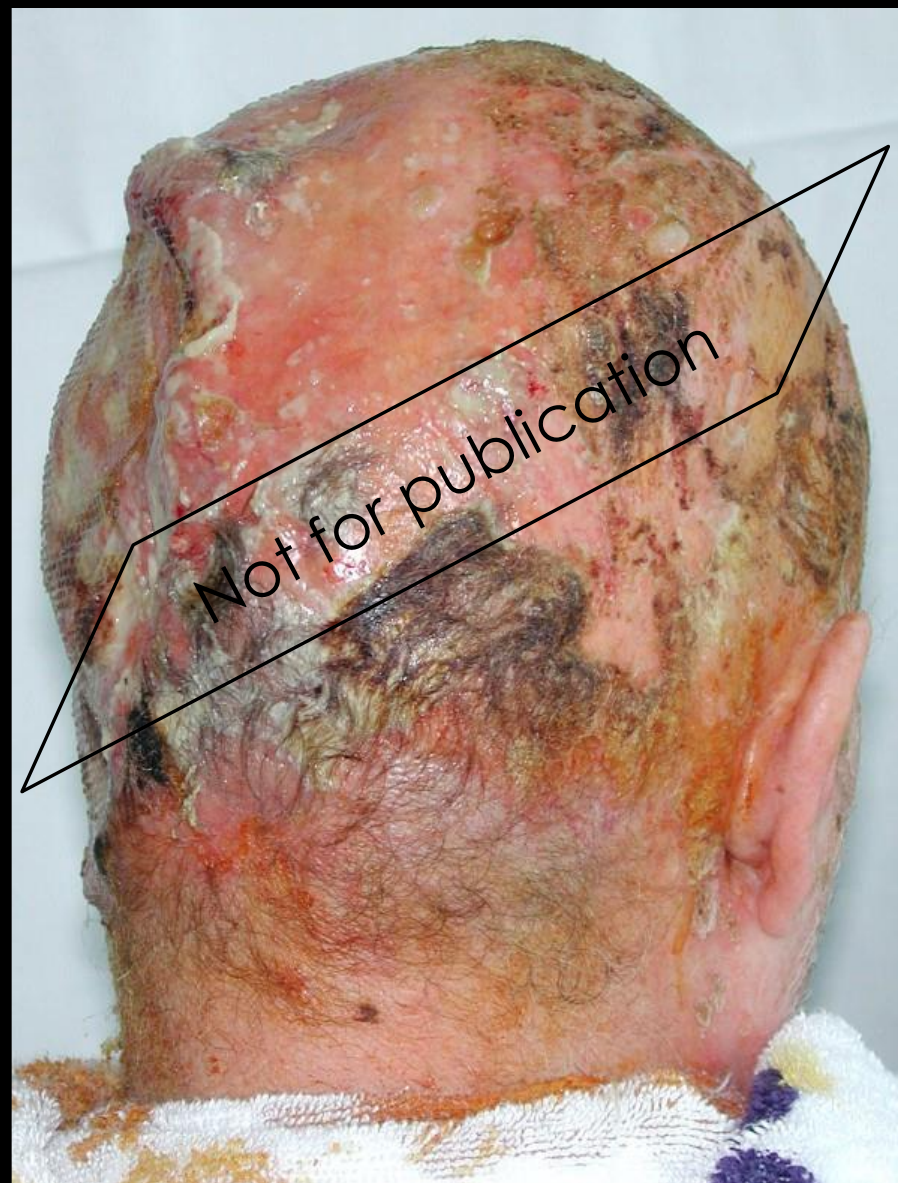
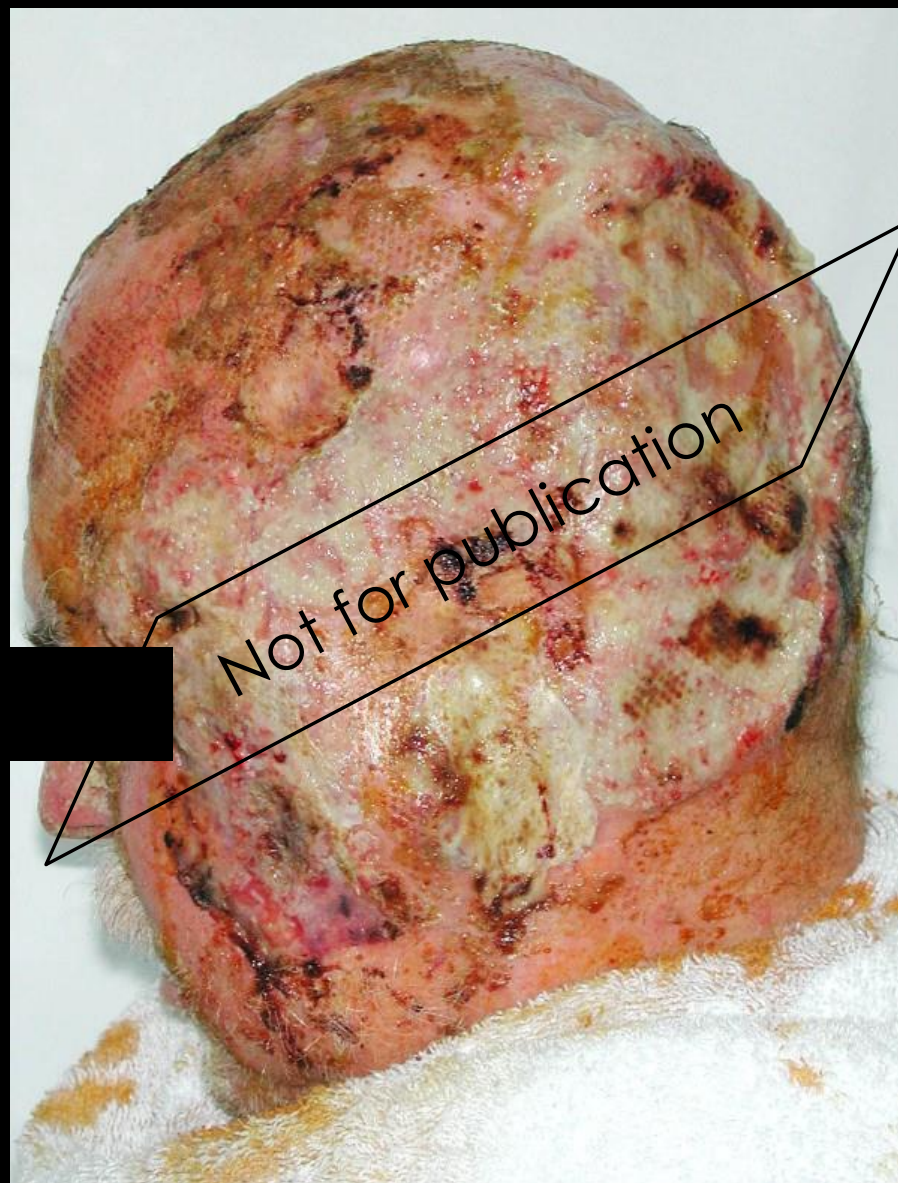
➤ Gabapentin, amitriptyline

Topical Opioids

- Opioid receptors present on peripheral nerves
- Enhanced during inflammation
- Activated by exogenous opioids
- Inhibit nerve excitability, action potential conduction and neuropeptide release
- Example: 1mg of morphine in 1g of hydrogel, applied OD - BD

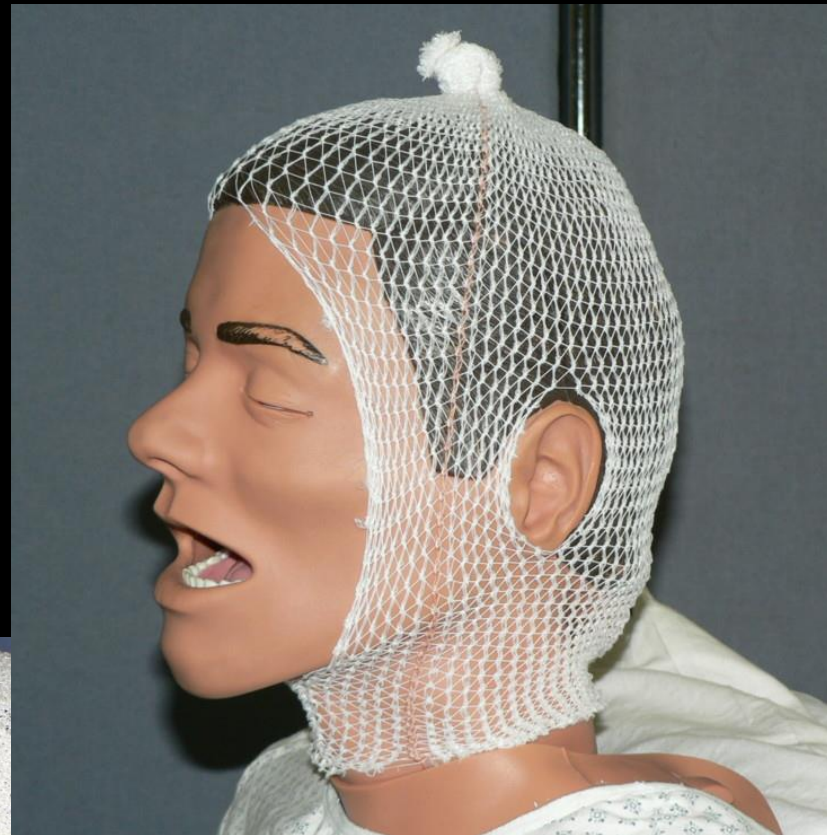
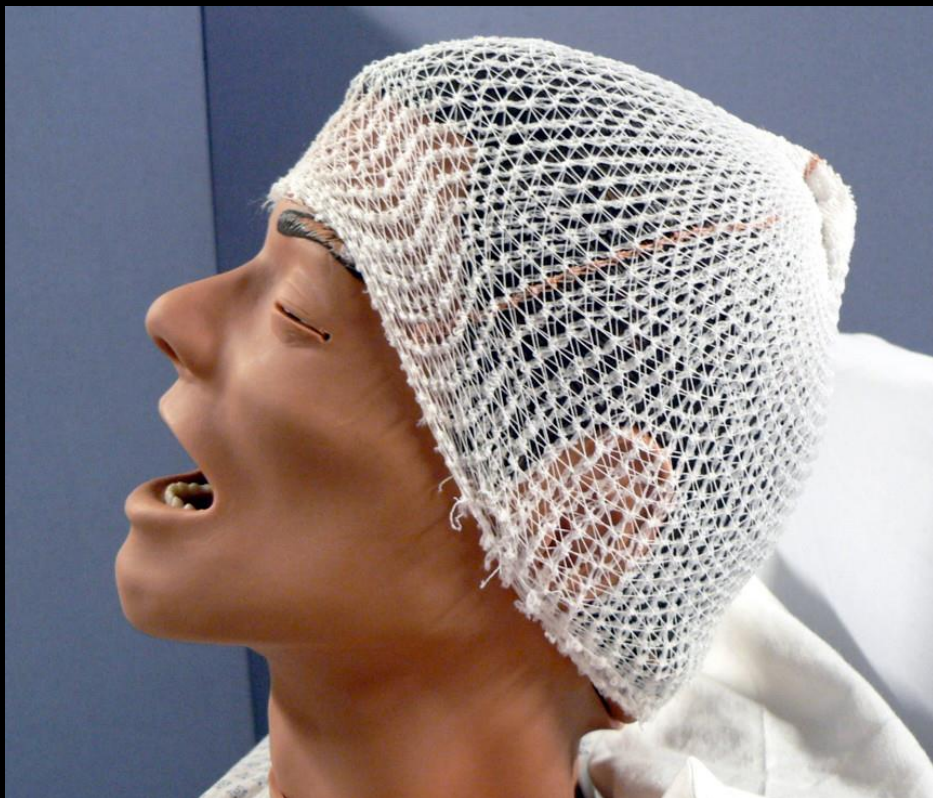
Case 1: Alan

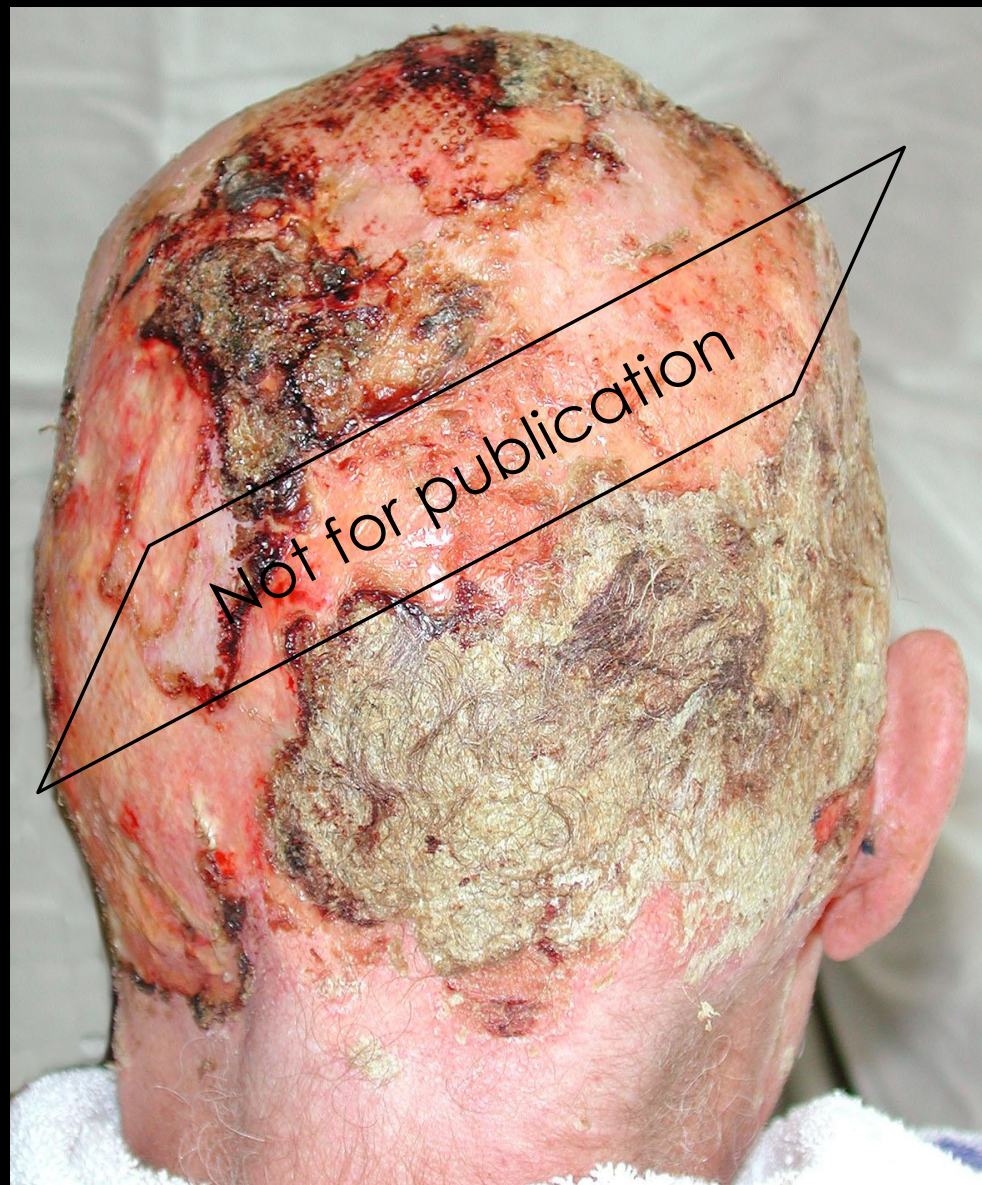
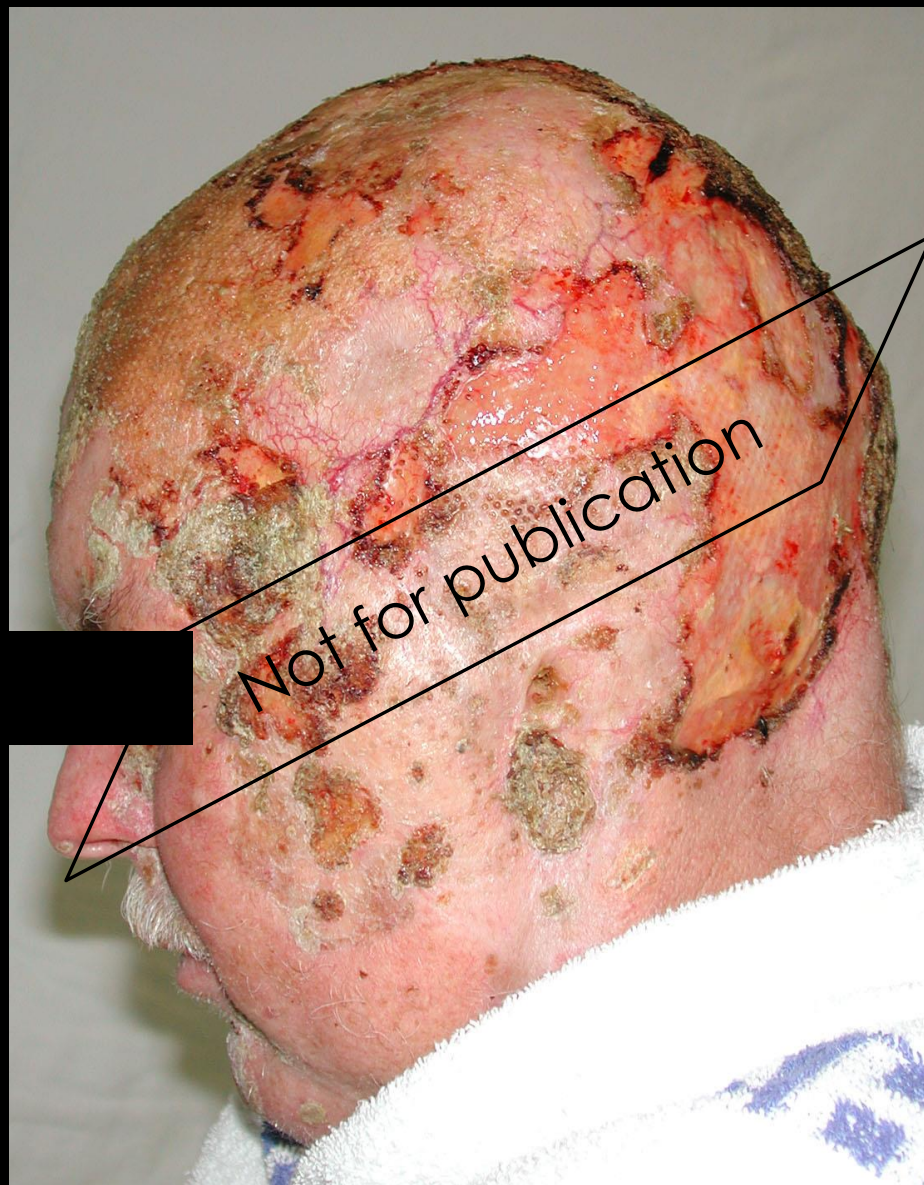
- Cutaneous lymphoma
- Severe pain
- Exudate
- Cosmetic appearance
- Undergoing chemotherapy



Management Plan

- Control pain, esp. during dressing procedures
- Contain exudate
- Prevent infection, esp. while neutropenic
- Enhance cosmetic appearance
- Improve QoL





Case 2: Jane

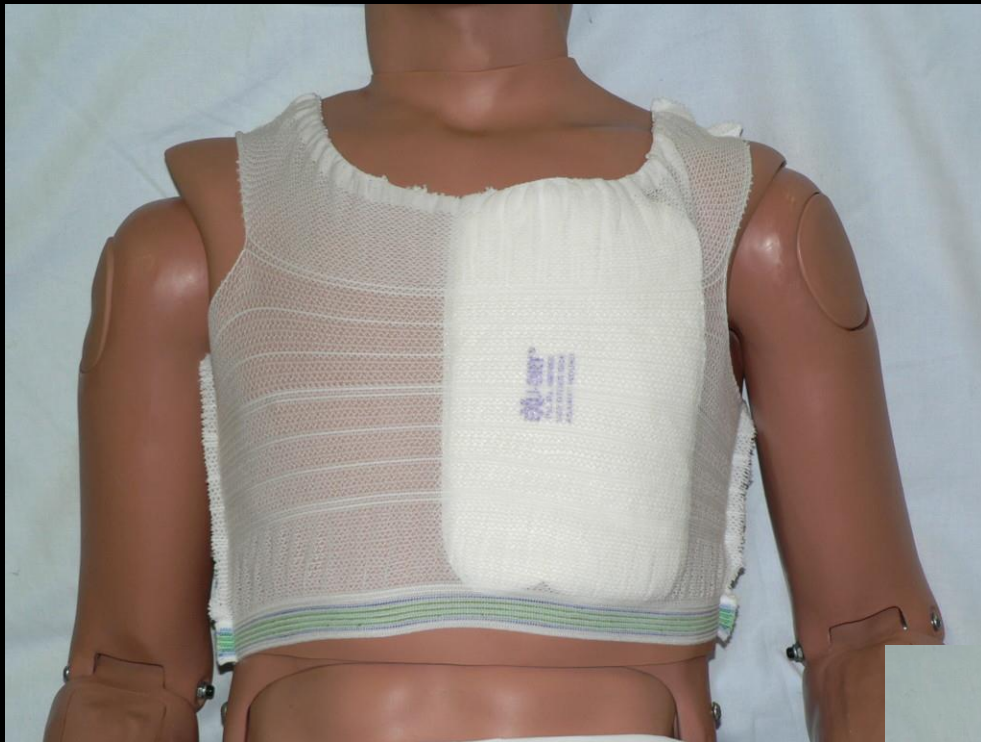
- Fungating breast cancer
- Severe pain
- Malodour
- Copious exudate
- Excessive necrotic tissue
- Body image
- Undergoing chemotherapy / radiotherapy



Management Plan

- Control pain
- Control malodour
- Contain exudate and prevent leakage
- Debride necrotic tissue
- Enhance cosmetic appearance
- Support self-management of wound
- Manage side effects of chemotherapy / radiotherapy







A word cloud featuring the phrase "Thank You" in numerous languages. The words are arranged in a circular pattern, with "thank you" in the center in large red letters. Other prominent words include "gracias" in green, "danke" in blue, "merci" in orange, and "arigatō" in pink. Smaller words like "spasibo", "dank je", "mochchakkeram", and "sukriya" are also visible. The colors of the words vary, creating a vibrant and multicultural visual.