



# Malignant Cutaneous Wounds

Linda Schiech, RN, MSN, AOCN®

Malignant cutaneous wounds are a metastatic complication arising from a primary malignancy (Goldberg & McGinn-Byer, 2000). Their incidence is difficult to establish but has been reported in up to 9% of patients with cancer (Schwartz, 1995). The following case studies, questions, and answers explore this problem.

## Case Study 1

Mrs. J is a 78-year-old widow who lives alone and has been diagnosed with stage III, locally advanced breast cancer. She first noticed a large lump in her left breast 18 months ago; six months ago, an open wound in the breast appeared. Mrs. J never sought medical treatment because she feared what the doctors would find and what kind of treatment she would need. Mrs. J's son brought her to the emergency department after he found her with the left portion of the top of her dress soaked in blood. Mrs. J had a large cutaneous wound on the left chest wall measuring 25 x 15 cm with a 5 x 6 cm area of necrotic tissue in the center that was draining serosanguinous material. According to Mrs. J, the area has been bloody many times. She has been showering daily and placing washcloths in her bra to cover the wound and absorb drainage. She changes the washcloths and her bra three to four times a day because of the large amount of drainage. Her medical treatment will consist of six cycles of chemotherapy with doxorubicin and cyclophosphamide.

1. In assessing Mrs. J's malignant cutaneous metastatic wound, a nurse first should assess
  - A. The size of the wound.
  - B. Venous Doppler flow study to determine blood supply to the wound.
  - C. Range of motion of the left arm.
  - D. Prior wound management regimens used by Mrs. J.

2. As one of the goals of malignant cutaneous wound therapy to control bleeding of the wound, the nurse caring for Mrs. J's wound should
  - A. Use dry gauze to pack and dress the wound once a day.
  - B. Remove the dry dressings and packing from the wound quickly to assist in debridement of the wound.
  - C. Keep dressings moist and use a non-adherent dressing.
  - D. Apply heat (using a heat lamp or hair dryer) when treating the wound.

## Case Study 2

Mr. H is a 72-year-old male with a history of squamous cell cancer on the floor of his mouth. He was treated two years ago with preoperative radiation therapy of 6,000 cGy and then underwent a resection of the floor of the mouth with a split thickness skin graft from his right thigh. Mr. H did not undergo a neck dissection at the time of his original surgery because his neck was clinically negative for disease. About a year ago, Mr. H found a mass in the left side of his neck, which was determined to be a recurrence of the cancer with metastasis to the lymph nodes. He underwent a left neck dissection, which included levels I (i.e., submental and submandibular nodes) and II (i.e., upper jugular lymph nodes). As a result of the previous radiation therapy, his wound did not heal completely for about three months. About six months ago, he noticed a small 2 x 2 cm opening at the incision site from his neck dissection. He cleaned it daily and covered it with a dry gauze dressing. Mr. H's medical oncologist started chemotherapy consisting of cisplatin and 5-fluorouracil for the recurrence and consulted the enterostomal therapist (ET) for local wound care. The wound increased in size and now is 10 x 15 cm and drains a large amount of serosanguinous fluid with a

very foul odor (see Figure 1). Mr. H is extremely embarrassed and self-conscious about his wound.

3. To assist in the goal of wound therapy to control odor, the nurse should
  - A. Pouch or bag the wound.
  - B. Apply a petroleum jelly dressing over the wound.
  - C. Manually debride the wound of necrotic tissue.
  - D. Use a cleanser and an antibiotic gel in wound care.
4. To help Mr. H cope with the side effects and symptoms of his wound, the nurse should
  - A. Obtain a psychiatric consult for antidepressant therapy.
  - B. Place Mr. H in a private room with the door closed and wear a mask and gown when caring for him because of possible infection in the wound.
  - C. Discourage Mr. H from attending the head and neck cancer support group that is taking place during his hospitalization.
  - D. Assist the ET in finding a dressing that helps with odor control and appearance of the wound.

## Discussion

**Question 1: The answer is A, size of the wound.** The definition of an ulcerating malignant skin lesion according to the British Columbia Cancer Agency (2001) is

a cancerous lesion involving the skin, which is open and may be draining. The lesion may be a result of a primary cancer or a metastasis to the skin from

Linda Schiech, RN, MSN, AOCN®, is a clinical nurse specialist at Fox Chase Cancer Center in Philadelphia, PA.

Digital Object Identifier: 10.1188/02.CJON.305-309