Malignant Cutaneous Wounds

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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 serosanguineous 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.

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