

DERMATOLOGICAL TREATMENT OF MALIGNANT WOUNDS

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Malignant wounds are a common problem. They can be differentiated into wounds caused by either primary tumour or metastatic spread. In any case the primary treatment would be cancer therapy. In practice many patients cannot be treated curative but need a palliative approach. Some tumours are more prone to the development of malignant wounds than others. Such tumour types in dermatology are cutaneous lymphomas, squamous cell carcinoma and perianal cancer. Tumour therapies such as radiotherapy and cryosurgery present a higher risk of cutaneous ulcerations. Major issues in the treatment of malignant wounds are malodour, bleeding and discharge. Any palliative treatment should promote the patient's comfort and quality of life.

Bleeding can be differentiated into spontaneous and induced bleeding. Haemostyptic dressings and nonadhesive dressings are useful in most cases but ligature or cauterization cannot completely be avoided. Disinfection can be realized using wet dressings with topical disinfectants. Antibiosis should be reserved for infections. Exsudates are controlled with alginates or foam dressings. Malodour can be improved with disinfectants and silver or charcoal impregnated dressings. Debridement of malignant wounds may be necessary. It can be done with the help of maggot therapy in open wounds or with the scalpel. Enforcement of autodebridement with foam pads may be indicated in other cases.