

LOCAL MANAGEMENT OF MALIGNANT ULCERS

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A malignant wound arises from primary, secondary or recurring cancer (Adderley & Smith 2007), often producing difficult symptoms. It has been defined as “the condition of ulceration and proliferation which arises when malignant tumour cells infiltrate and erode through the skin” (Grocott 1995). The clinical challenges to manage these wounds involves working creatively with available products and working with clinical, academic and industrial partners. The aim of this presentation is to give an overview of some of these issues, to use case studies to demonstrate the ongoing challenges faced and effective working partnerships that have made a difference to this patient group. Current work in progress will also be discussed. The author's experience in palliative care, and clinical collaboration with the multi-disciplinary team, clinicians in other disciplines, academic and industrial partners will demonstrate the benefits that the creativity of these partnerships brings to the management of malignant wounds, with the aim of improving the patient's experience and quality of life.

Case studies will demonstrate that many available dressings do not generally effectively manage the symptoms. Whilst moist wound healing theory (Winter 1962) is the mainstay of modern wound care, in the management of malignant wounds, excess moisture is one of the problems that often contributes to the difficulties of managing a malignant wound (Grocott 2000). A novel and embryonic alternative – ‘dry wound management’ will be outlined that may assist in the management of wet malignant wounds.