

The use of **Urgotul® SSD** in the treatment of cancerous wounds

Authors: SALAS S., LUCCHESI S., ETIEN C., TUZZOLINO V., CANNONE P., Prof. FAVRE R. ⁽¹⁾

⁽¹⁾ Equipe Mobile Intra Hospitalière de Soutien et de Soins Palliatifs (U.M.I.H.S.S.P – Intra-Hospital Mobile Support and Palliative Care Team), Medical Oncology Department, La Timone University Hospital Centre, Marseilles

Introduction

Skin wounds of cancerous origin can correspond either to a locoregional spread of the primary skin cancer or a cutaneous metastasis. One particular feature is that they never heal without specific treatment. Unsightly, mutilating and foul-smelling, these wounds have marked psychosocial repercussions. There is currently a lack of consensus concerning the therapeutic approach to be adopted for these patients, which should combine treatment of the wound itself with a more global approach that also incorporates psychological support.

Clinical Case Study

Mr. X. arrived in the medical oncology department from North Africa in early August 2005 for treatment of a very bulky synovial sarcoma at the root of the thigh, with extension of the tumour to the skin.

The patient also presented with pulmonary metastases. On his admission, Mr. X did not speak much French. The assistance of an interpreter was required to gain a better understanding of his anxiety and his history. In the absence of his family, which had remained in the patient's native country, Mr. X, a devoutly religious man, sought solace in prayer.

The wound was located opposite the right hip and surrounded by permeation nodules.

It presented with areas of necrosis, fibrin, haemorrhagic points and a discharge of varying levels of purulence.

The creation of an intra-hospital mobile support and palliative care unit made it possible to structure and harmonise this management.

In palliative care, the treatment of cancerous wounds is intended to make patients more comfortable and to achieve this we focused on management of exudate, pain, odour and bleeding.

Odour is the most inconvenient symptom, both for the patient, the nursing staff and the patient's family. Often a result of infection, the odour can impede

Initial treatment

At this stage, the dressing protocol consisted of an alginate, a hydrocellular dressing and a charcoal dressing. Over time, significant bleeding developed, difficult to control with alginate then **Dicynone®** and it became necessary to change the dressing several times per day. Embolisation was performed to combat this abundant bleeding.

The wound gradually became necrotic and a fibrinous cavity developed in its place, with an abundant discharge and a few haemorrhagic zones persisting.

Greenish areas appeared, signalling the presence of secondary infection, complicated by a marked odour unpleasant for both the patient and the nursing staff. A bacteriological sample revealed the presence of *Staphylococcus aureus*.



Photo 1 Before treatment with **Urgotul® SSD**.

Synovial sarcoma of the root of the thigh with extension of the tumour to the skin. Secondary infection of the wound. A bacteriological sample revealed the presence of *Staphylococcus aureus*.

social relationships and have an effect on the patient's self-image and self-esteem. In certain situations, the use of a product containing silver sulfadiazine, such as **Urgotul® SSD**, can neutralise odour due to its bactericidal activity and hence improve the patient's comfort and quality of life.

The clinical case study that we are presenting here illustrates how **Urgotul® SSD** led to an improvement in wound appearance and a reduction in discomfort related to odour.

Relay treatment with **Urgotul® SSD**

Urgotul® SSD was introduced as local wound treatment in combination with a charcoal dressing and a hydrocellular dressing.

Before application, the wound was cleaned with oxygenated water and then rinsed with isotonic saline.

After a few days of using **Urgotul® SSD**, a marked reduction in odour was observed and an almost total disappearance of the greenish appearance was obtained on D10.

Urgotul® SSD neutralised the odour caused by secondary infection of this torpid wound.



Photo 2 After the introduction of **Urgotul® SSD**

We observed a clear clinical improvement.

The bacteriological sample revealed the presence of a polymicrobial flora, often found in cancerous wounds. The odour was significantly reduced.

Discussion/Conclusion

In the case of management of this cancerous wound, the odour control achieved using **Urgotul® SSD** made it possible to optimise the quality of care and to improve the comfort of the patient, his family and the nursing staff.

It must not be forgotten that in a palliative care setting a cancerous wound should not take centre stage as there is then a risk that it could become obscene and prevent a more global management of the patient's illness.

However unpleasant a wound is, deviating so greatly from our concept of what is aesthetic, it should not lead to the suffering of an individual being

stigmatized. By focusing our concern on the individual himself, we can see, experience and suffer the fragile nature of the human condition.

There is currently a lack of consensus for cancerous wounds in terms of the management of certain symptoms. It is for this reason that we consider it necessary to share practices through presentation of a clinical case study.

It therefore seems to us that it is important to go beyond a purely symptomatic approach and to also consider the impact that a cancerous wound can have on a patient's self-image and self-esteem.