



Ulcerative lesion management in hematologic patient receiving chemotherapy

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Background

Febrile neutropenia and skin problems are often associated with chemotherapy. As cytarabine is considered one of the most important drugs for the treatment of AML, it is important to be aware of complications that may occur in patients treated with this drug. That is a cause of severe dermatological toxicity; bullous erythema, painful, swelling and toxic epidermal necrolysis had been described after the use of high-dose cytarabine. Skin changes are supposed to be dose-related and occur more frequently with high-dose regimens (Brandt et al., 2010). Febrile neutropenia represents a clinically important complication that can impact the outcome of hematologic patients receiving chemotherapy (Busca & De Rosa, 2015) and increases risk for infection. Moreover, in a case received chemotherapy, febrile neutropenia due to infections were found to be the most common cause of skin lesions that is difficult-to-treat.

Methods

A 17-year-old male patient was diagnosis AML with Fournier's gangrene S/P debridement with loop sigmoid colostomy with CRE. After 1 year, he has relapsed AML post FLAG-IDA Regimen (Fludarabine, Cytarabine and Idarubicin). He has febrile neutropenia (ANC = 0 cells/ μ L), low platelet count (5,000 cells/ μ L), peristomal skin present ulcerative lesion with complete necrotic tissue. It is easily to bleeding, pain and difficult to pouching.



Figure 1 13 January 2019



Figure 2 17 January 2019

Nursing intervention

1. Remove old pouch by adhesive remover and two fingers technique for mechanical skin injury prevention.
2. Clean with tap water.
3. Manage ulcerative lesion and necrotic tissue; apply skin barrier powder, film and paste.

4. Use Manuka honey 1-piece drainable pouch for control inflammation and infection. (Manuka honey has characteristics that kill bacteria, suppress inflammation and stimulate the growth of cells.)



Figure 3 Manuka honey 1-piece drainable pouch

5. After necrotic tissue was removed, ulcer deep 1.5 centimeters. Apply hydrofiber Ag fill the dead space and pouching with 1-piece drainable flexible pouch.



Figure 4, 5 Peristomal skin ulcerative lesion

Results

Ulcerative lesion was improved in 33 days, easy to pouch and painless. After febrile neutropenia improved (ANC = 4,400 cells/ μ L).

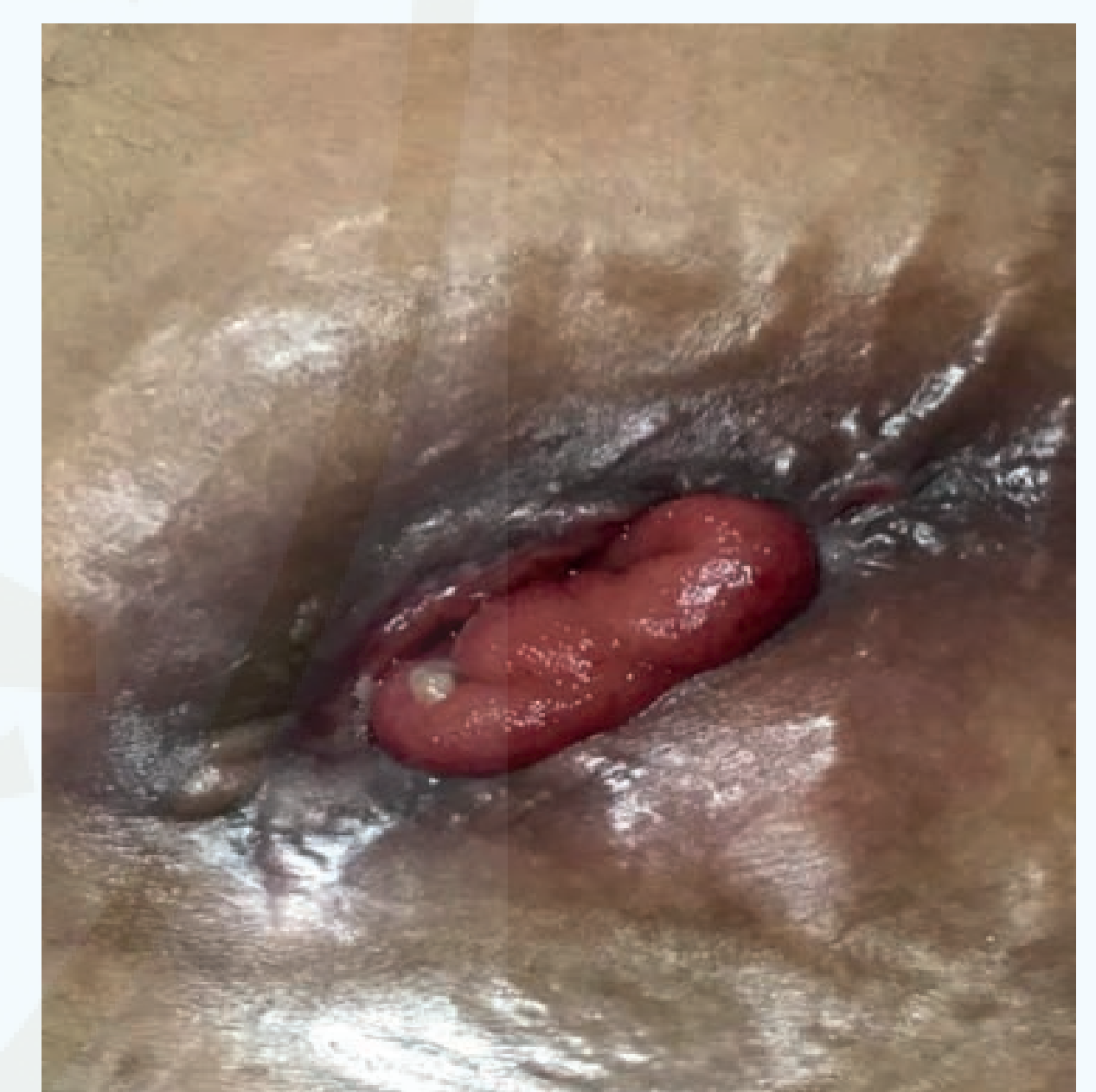


Figure 6 Ulcerative lesion was improved

Conclusion

The most significant way to cure ulcerative lesion. In addition to choosing the right product, it also depends on the patient's healthy and immunity.

Reference

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