

Clinical challenge: Squamous Cell Carcinoma at Scalp^{*}

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Abstract

The management of malignant wound from squamous cell carcinoma is a challenge to Enterostomal Therapy Nurse. The most common symptoms are excessive exudate, unpleasant odor, infection, propensity for bleeding, pain and unsightly appearances which affects both physical and emotional of patient and family. The goals of management are reduce suffering from malignant wound, prevent infection, promote patient comfort and confidence, prevent social isolation and improve a patient's quality of life by chemotherapy and appropriate wound management.

Keyword: Squamous Cell Carcinoma, Malignant wound

Introduction

Squamous Cell Carcinoma (SCC), also called squamous cell cancer or non-melanoma skin cancer, is the second most common skin cancer which is found secondary to Basal Cell Carcinoma (BCC).¹ It usually involves on sun-exposed areas and develops from chronic wound or scar. It is likely to grow into deep layers of skin and spread to tissues, bones and adjacent lymph nodes.² The treatment depend on its size and location. The malignant wound is poorly healing lesions. It could be painful, produce excessive exudate, easily bleeding, infection and malodorous.³ Not only do they signify progressive and life threatening disease, but also significantly affect a patient's quality of life by causing unpleasant and difficult to manage

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symptoms. So the effective wound management with standard treatment is crucial to maintain our patient's quality of life.

Case report

A 27 years old Thai female, known case Squamous cell carcinoma at scalp with cervical lymph node metastasis with SLE. She presented with malignant wound and was received 4 cycles of chemotherapy. The malignant wound affected area involved half of the scalp. She has had severe pain, excessive exudate, unpleasant odor and easily bleeding. She feels distressed and low self-esteem.

Clinical assessment

In this case, the malignant wound size is 12 centimeters in length, 9 centimeters in width impacts on a half of the scalp. The wound presented cauliflower lesion with contact bleeding, excessive serosanguineous exudates, offensive odor and severe pain. (Figure1)



Figure1 : Squamous Cell Carcinoma at Scalp

Nursing Intervention

The aims of management are to control exudates, odor, bleeding, pain, and prevent infection. Intervention procedures are mentioned below.

1. Non-forceful irrigated with normal saline solution for reducing the risk of traumatic bleeding.⁵
2. Crushed metronidazole tablets in normal saline solution and creating 0.1% solution (10 mg/cc). This can be used as a wound irrigation, gauze can be saturated with the solution and packed into wound 10-15 minute for reducing malodor.⁴
3. Protected periwound skin from exudate by skin barrier film.⁵

4. Used primary dressing with hydrofiber Ag plus then secondary dressing with gauze for managing exudate and protecting infection.⁵
5. Sealed edges of gauze dressing with soft adhesive tape.



Figure 2



Figure 3



Figure 4

Figure 2-4 : Nursing intervention procedures.

Result

About 4 months after chemotherapy and appropriate wound management, wound was improved and patient had a better quality of life.



Figure 5



Figure 6



Figure 7



Figure 8

Figure 5-8 : Progress healing of malignant wound

Conclusion

The management of malignant wound by chemotherapy and using proper advance wound dressing can help to shrink ulcerating tumor and control the symptoms. The patient feels comfortable and reduces caregiver burden about wound care. Finally, the most important is the return of a patient's quality of life.

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