

# The Management of Radiation Induced Moist Desquamation using a Hydro-active Colloid Gel

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## Introduction

Vulval cancer is a rare cancer with approximately 1,400 people diagnosed in the UK each year. It is more prevalent in older women with over 40% of new cases in those aged 75 years and above. Symptoms of the disease can be vague, particularly in the early stages and include a lasting itch, pain or soreness, thickened raised red, white or dark patches on the skin, a mole that changes colour or a noticeable lump. Diagnosis is usually detected with a combination of physical examination, imaging, including MRI and CT scans and biopsies. The main treatment options include surgery, radiotherapy and sometimes chemotherapy <sup>(1)</sup>.

This case report involves an 83-year-old female who had a diagnosis of stage 2 vulval and perineal cancer and had undergone radical radiotherapy treatment to the vulva and the inguinal and pelvic nodes. Cancer is categorised into stage 1 to 4; stage 1 indicates that it is localised to the vulva and stage 2 classifies that it has spread to nearby tissue. Stage 3 and 4 shows that the cancer is advanced.

The patient had a previous medical history of Narcolepsy, total cholecystectomy, right oophorectomy, and partial gastrectomy.

Radiotherapy treatment commenced over a span of 35 days at which point the patient was referred to the Tissue Viability



Day 0 - Pain, excoriation

Day 10 - on discharge, reduced pain and self-managing

Specialist Nurse for support with managing the skin reaction. Radiotherapy induced dermatitis is categorised from 0-4 (inclusive of 2a & 2b) as classified by the Radiotherapy Oncology Group (RTOG) grading system <sup>(2)</sup>.

Unfortunately, the Tissue Viability Nurse did not have access to the radiotherapy notes, where skin reactions would have been documented and therefore the RTOG was not applied.

The Tissue Viability Nurse verified moist desquamation skin reaction to the vulva, perineum, groins and inner thighs. This describes an Inflammatory reaction characterised by blistering, peeling and sloughing of the skin and can have a shiny or wet appearance. The patient was suffering with associated pain and there were moderate volumes of exudate.

The previous treatment plan had consisted of lidocaine primary dressing and secondary superabsorbent, glycerine impregnated dressing; inclusive of the use of an additional ointment-based emollient.

## Method

The Tissue Viability Specialists aims were to reduce pain, manage exudate and promote healing. There were no obvious clinical signs of infection at the point of the initial review. The patient had stated that the previous dressing regimen was uncomfortable and impractical, due to frequency of dressing changes to accommodate toileting needs. A hydro-active colloid gel (Flamigel® RT) was commenced with the advice to apply post toileting with a secondary continence pad. Self-management was encouraged and the patient did most of her care independently.

## Result

The use of hydro-active colloid gel (Flamigel® RT) continued for a period of 10 days. There was a noticeable decrease in exudate levels, less inflammation, an increase in the formation of granulation tissue and a general reduction in the overall size of the affected skin with increased healing. The patient expressed that from the commencement of Flamigel® RT, the previously experienced pain had significantly reduced, and she declined any further use of Lidocaine. At the point of the discharge home, day 10 of treatment, the patient was self-managing her radiotherapy skin reaction with

minimal support which evidently heightened her confidence and improved her quality of life.

## Discussion

Acute skin reactions associated with radiotherapy can be distressing and can lead to treatment interruptions. Such skin reactions are very common, affecting 80-100% of patient undergoing adjuvant or curative radiotherapy. Most patients have mild reactions, however, some, including those having radiotherapy to the head and neck or pelvic area, experience more severe reactions. The importance of anticipating, assessing, and managing the problem in line with best clinical evidence can increase the chance of a successful outcome for the patient <sup>(3)</sup>.

## Conclusion

Living with painful, wet skin erosion, rising from radiotherapy, can be debilitating and can often result in the interruption, due to intolerance, of vital lifesaving treatment. This case study demonstrates the effectiveness of Flamigel® RT in the management of such skin reactions, in particular moist desquamation. The Tissue Viability Nurse implemented this product, following careful consideration of its properties coupled with available clinical evidence validating the successful outcomes previously achieved for its use with induced dermatitis skin conditions. The study also highlights the importance of an assessment combined with appropriate management (including self-management) to achieve the best clinical outcome.

The Tissue Viability Nurse concluded that the treatment aims were achieved, and the patient's clinical outcome and quality of life improved as result of this.

## References

1. Cancer Research UK (2019) Vulval Cancer. [www.cancerresearchuk.org/about-cancer/vulval-cancer](http://www.cancerresearchuk.org/about-cancer/vulval-cancer)
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3. Cancerworld (2016) Radiotherapy- related skin reactions. Grandround. <https://archive.cancerworld.net/e-grandround/radiotherapy-related-skin-reactions/>