

# 惡性腫瘤蕈狀傷口臨床案例 分享 頭頸癌、乳癌

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# 蕈狀傷口定義

- Malignant fungating wounds (MFWs) are chronic wounds that can be developed anywhere on the body. They occur when the **skin**, the supporting **blood** and the **lymph** supply are infiltrated by a local tumor or by the metastatic spread of a primary tumor to the area
- The MFWs are commonly presented in the **breast (49%)**, followed by the neck (21%), the chest (18%), the extremities (17%), genitals (17%), head (13%) and other areas (2%)

# 蕈狀傷口特徵

- Malodour, exudate, pain, bleeding, pruritus and local or systemic infection are the most frequent symptoms.
- Treatment includes symptom management (controlling exudate and odor, protecting surrounding skin, preventing infection, minimizing pain and bleeding) promotion of comfort and enhancement of quality of life<sub>3</sub>

# 惡臭

- 組織灌流不足、缺氧造成壞死
- Gram negative aerobic bacilli which are commonly found in human faeces



# 惡臭氣味量表

等級	評估指標
0	一入屋子/病房/診間即聞到
1	與病人一個手臂的距離即聞到
2	與病人少於一個手臂的距離才聞到
3	接近病人手臂可聞到
4	只有病人自己聞到
5	沒有味道

(Grocott, 2001)



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## Systematic review of topical interventions for the management of odour in patients with chronic or malignant fungating wounds

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### ABSTRACT

Chronic wounds adversely affect the quality of life of individuals and odour is a well-recognised associate factor. Odour can affect sleep, well-being, social interactions, diet and potentially wound healing. This systematic review aims to examine the effectiveness of topical interventions in the management of odour associated with chronic and malignant fungating wounds. A systematic review guided by PRISMA recommendations of randomised controlled trials where odour intensity/odour is the primary outcome was undertaken. Inclusion criteria were adults (18 years and over) with chronic venous, arterial, diabetic or pressure ulcers or with malignant fungating wounds where odour has been managed through topical application of pharmacological/non-pharmacological agents. Searches were conducted in CENTRAL, CINAHL, EMBASE, MEDLINE, Scopus, and Web of Science. Eligibility screening, risk of bias assessment and data extraction was completed by authors working independently. Searches retrieved 171 titles and abstracts (157 post de-duplication). Thirteen studies were retained for full text review of which five ( $n = 137$  individuals) examining the following treatments remained: metronidazole ( $n = 4$ ), silver ( $n = 1$ ). Meta-analysis was not possible but individual studies suggested improved outcomes (i.e., reduced odour) using metronidazole. Treatment options to manage wound odour are limited and hampered by lack of clinical trials, small sample sizes, and absence of standardised outcomes at consistent measurement. Whereas metronidazole and silver may have a role in controlling wound odour, robust and well-designed interventions with rigorous procedures and standardised odour outcomes are necessary to evaluate their contribution.

氣味減少

■ 藥物

---Metronidazole、  
silver

■ 非藥物類

---綠茶、凝膠、泡沫

PHMB

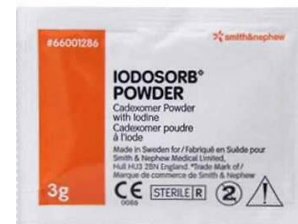


# 臨床處置

## 清潔



## 抗生素



# 臨床處置

## 敷料



## 其他





# 滲液

- 腫瘤細胞增加血管對纖維蛋白原及血漿膠質的通透性
- 血管通透性因子(VRF)大量分泌
- 感染

# 臨床處置



敷料



造口袋



# 出血

- 癌細胞對血管壁侵蝕所致
- 血小板功能降低
- 換藥過程



# 疼痛

- 評估除了確認病人疼痛強度及形式外，也須包含身體、心理、社會及靈性等影響層面的評估，才能真正達到有效的疼痛控制
- 減少更換敷料頻率、選擇不沾黏材質、吸收力強敷料、固定換藥人員
- 止痛劑使用評估:換藥前15分鐘和換藥過程



# 臨床處置





# 周圍皮膚受損

## 減少膠帶黏貼



# 心理社會層面

- 和家屬及病人的關係建立
- 提供傷口照護計畫-提供舒適
- 協助病人傷口自我照護
- 協助和其他醫療團隊溝通