

26

MANAGEMENT OF NON-HEALING BIOPSY WOUND OF THE LOWER LEG IN A PATIENT WITH DRUG INDUCED VASCULITIS

Sue Saver, Lisa Egan

Western General Hospital, Edinburgh, United Kingdom

Aim: Mr M commenced treatment for metastatic renal cell carcinoma with a trial drug named SUNITINIB (SUTENT). A rash on his lower legs was biopsied leaving a wound 10 x 4 x 2 mm confirming a small vessel vasculitis. Mr M's Oncology and Dermatology Consultants agreed there was a related aetiology between Sutent and the small vessel vasculitis therefore the SUTENT was stopped. The aim is to successfully treat the vasculitis in order to enable recommencement of SUTENT as CT scan showed disease progression.

Method: The wound bed was moist with sloughy tissue. Wound dressings commenced using Hydrogel and Absorbent Perforated Dressing with Adhesive Border. Following Tissue Viability assessment a Wound Balancing Matrix was layered and applied as indicated by absorption rate. Hydrocolloid dressing* the secondary dressing. No arterial disease was confirmed therefore a stocking Graduated Compression System** was applied.

Results: The vasculitis improved. Sutent was recommenced at a lower dose (estimated 3 months since discontinued). Dressings reverted to Hydrocolloid dressing with 'Time to change' indicator*** and stocking Graduated Compression System**.

Discussion: Recommencement of Sutent as soon as possible was the primary goal to prevent or slow a certain progression of tumour. The wound completely healed and the optimum outcome reached as CT shows stable disease. Mr M continues on his Sutent and stocking Graduated Compression System** and remains as well and as active as he had been at the beginning of treatment.

* DuoDERM® Thin

** Surepress® Comfort™ Pro Graduated Compression System

*** DuoDERM® Signal