Palliation of Cutaneous Malignancy – A Process from Care to Heal –

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INTRODUCTION

Internal malignancies can invade the skin through hematogenous spread, lymphatic spread, or by direct extension from a primary tumor. Cutaneous metastases occur in 2.5% to 5% of patients with malignant disease. **Breast cancer** is the most frequently encountered type of cutaneous metastasis. Two large studies investigating cutaneous metastases have reported that breast cancer was the source of 69% to 70% of the cases. Skin infiltration has several types accompanies it's own clinical presentation, such as nodule with open sore that bleeds,oozes, and fail to heal in an expected time frame.

METHODS APPLIED

The management of cutaneous metastatic breast cancer is controversial and depends on the presence or absence of an underlying mass. It includes external beam radiation therapy, HDRAL - (salvage skin contact), Arsenic Trioxide gel, Lipodox, Thalidomide, and skin care given. We present three cases who accepted radiation therapy combined with Arsenic gel for progressive skin infiltrations. Arsenic gel was applied only for small reddish patches, and HDRAL for single nodule of cutaneous malignancy in breast cancer with skin lesion. All of treatment and outcome were evaluated and assessed by weekly clinic visiting. Holistic approaches are the standard care.

RESULT

Radiation therapy combined with Arsenic gel is more efficient than radiation therapy or Arsenic gel alone. In addition, extending radiation portal with wide (at least 3-5 cm) margin can effectively prevent its infiltrating out. As we know Arsenic gel can induce apoptosis, it seems working partially without concurrent radiation. HDRAL treatment on simplex nodule is working as well. Professional wound care with adequate dressing is paramount for the desquamated skin.

During treatment period, patients were cheered up with hope when skin infiltration was controlled. Again, they were so much disappointed when skin infiltration recurred. Sharing of the suffering with accompanying became the major power at this 'hopeless' stage. Patients and medical workers are more hopeful and peaceful while discussing and proceeding the next step of coping,

although the physical condition of their skin are worse than before. To be defeated and restart is the process of healing. Physical care of the cutaneous lesions are important milestones in the healing process.

CONCLUSION

"Healing" is the goal of treatment for patients who suffered from intractable cutaneous malignancy. Spiritual care approaches the mainstream of treatment."