Fungating cancer wounds (malignant wounds)

Fungating cancer wounds are sometimes called malignant ulcers or ulcerating tumours. A fungating wound develops when cancer that is growing under the skin breaks through the skin and creates a wound. They are rare, and most people who have cancer will never develop one. They can develop in the part of the body where the cancer started or in part of the body that the cancer has spread to. A fungating wound is most likely to happen if you have breast cancer, head and neck cancer and melanoma.

In this information:

- Symptoms of a fungating cancer wound
- Treatment for fungating cancer wounds
- Controlling symptoms of fungating cancer wounds
- Keeping dressings in place
- Your feelings
- References and thanks

Symptoms of a fungating cancer wound

The most common symptoms of a fungating wound include:

- leakage or discharge
- an unpleasant smell
- pain
- bleeding
- itching

Treatment for fungating cancer wounds

Any treatment for a fungating cancer wound aims to reduce the size of your cancer. This may also reduce the size of the wound and help control any symptoms you have.

The treatments you are offered will depend on: the type of cancer you have, the part of your body affected, how advanced your cancer is and your general health. You may be offered radiotherapy, chemotherapy, hormonal therapy, surgery or a combination of these treatments. Your doctor will talk to you about which treatment is best for you.

Radiotherapy

Radiotherapy treats cancer by using high-energy x-rays to destroy cancer cells while doing as little harm as possible to normal cells. It can help shrink your tumour and may reduce the amount of leakage, discharge or bleeding from your wound.
You may find your symptoms become worse straight after radiotherapy. Your skin in the surrounding area may also become dry, flaky and red. These side effects are usually temporary, and should begin to improve after a couple of weeks.

**Chemotherapy**

Chemotherapy uses anti-cancer drugs to destroy cancer cells. It may be used to help shrink your tumour and reduce any symptoms you have.

**Electrochemotherapy**

This treatment works by helping to control the growth of the cancer and the fungating wound.

Chemotherapy is injected either directly into the tumour or the bloodstream. An electric pulse is then used to help the chemotherapy get inside the cancer cells. Once inside the cancer cells, the chemotherapy destroys them.

Electrochemotherapy may also help control bleeding, pain and discharge from fungating wounds. The treatment can be repeated if needed.

Your doctor or specialist nurse will be able to give you more information about this treatment if it’s suitable for you.

**Hormonal therapy**

Some cancers, such as breast cancer, can be stimulated to grow by certain hormones. Hormonal therapy alters the production of these hormones, or blocks their action. This can help slow the growth of your cancer and help improve symptoms.

**Surgery**

Depending on the size and position of your tumour, it may be possible to remove it. Your doctor can discuss with you whether surgery is possible in your situation.

**Controlling symptoms of fungating cancer wounds**

Although cancer treatments may help reduce the size of your wound and help improve symptoms, it is unlikely to heal completely.

Your specialist nurse, district nurses and specialist nurses in wound care (often called tissue viability nurses) may all be involved in supporting you with the care of your wound and controlling any symptoms it causes.
Leakage

Leakage or discharge is probably the most common symptom of a fungating wound. It often happens because of infection.

Your nurse will usually suggest an absorbent dressing with additional padding to help with this problem.

Some wound dressings can be left in place for a number of days, depending on the amount of fluid leaking from the wound and where the wound is situated. Sometimes, only the top layer of the dressing needs to be changed.

Your nurse will explain to you what type of dressing you need and how often it needs to be changed. Your district nurse or practice nurse may change the dressing for you. You may also find it useful to have extra supplies of dressings, especially at holiday times, and to have pads that protect your bed at night.

The discharge or leakage from your wound may make the healthy skin around it sore and red. It often helps to apply a barrier film or cream, such as Cavilon™, to the skin around the wound to protect it. Your nurse can advise you on this.

Unpleasant smell

The presence of an unpleasant smell is common. It can sometimes be caused by infection.

Your nurses may use a variety of dressings to help control an unpleasant smell. Some dressings contain silver, which can reduce the number of bacteria in the wound. Depending on the amount your wound is leaking, these dressings can often be left in place for a number of days. Dressings containing medical grade honey (Activon®) can also help to prevent bacteria growing in fungating wounds. Your nurse may suggest charcoal dressings to help filter any smell. For these to be effective, it’s important to have a good seal around the edge of the dressing.

Antibiotics can help control any infection that may be present, and this can help reduce the smell. Applying antibiotic gels directly on to the wound can also help.

You may feel distressed and self-conscious about an unpleasant smell, particularly when in company. Air fresheners, odour neutralisers, environmental air filters and aromatherapy oils can help disguise unpleasant smells, and help you feel more comfortable around friends and family. A few drops of an odour neutraliser such as Nildor® can also be applied to the outer layer of the dressing when it is changed. However, make sure the odour neutraliser doesn’t come into contact with your skin.
**Pain**

Pain can be caused by the tumour damaging nerves or by dressings sticking to your skin.

There are many different types of painkillers that can be used to help relieve pain. Your doctor or nurse can give you advice about the best painkiller to use. It’s often best to take painkillers regularly as this helps keep the pain away. If your pain isn’t controlled, let your doctor or nurse know so they can adjust the dose or try a different painkiller.

If the pain is worse when your dressings are changed, let your nurse know as they may be able to use a different dressing that suits your wound better. They may also suggest you take a short-acting painkiller just before the dressing is changed. Other things that may help are:

- using non-stick dressings
- soaking the dressing off slowly
- using a local anaesthetic gel
- using gas and air (entonox), which is a painkiller you breath in
- using gel painkillers applied directly on to your wound (topical opioids).

**Bleeding**

The wound may bleed if the tumour damages (ruptures) small blood vessels. You may feel alarmed by the sight of blood. However, it’s common for fungating wounds to ooze blood. It’s important to tell your doctor or nurse if you notice new bleeding or a change in the amount of bleeding. They may suggest a dressing or treatment to reduce or stop the bleeding.

Dressings that don’t stick, or non-stick inner dressings with removable outer dressings, can help reduce bleeding. Other things that may help include:

- Applying pastes on to the wound, such as sucralfate.
- Wetting fibrous dressings such as Aquacel® before removing them, especially where the dressing is in contact with the wound edges. This makes the dressing easier to remove and helps to prevent bleeding around the wound edges.
- Using non-fibrous dressings such as Biatain® Alginate dressing.

If your wound is bleeding heavily, your nurse may suggest surgical dressings that help stop bleeding (haemostatic dressings). They may also suggest you apply a drug, such as adrenaline or tranexamic acid, to the area for short periods which may help stop bleeding.
Itching

Itching is caused when the skin is stretched and nerve endings are irritated. This type of irritation doesn’t tend to respond well to tablets that normally help relieve itching, such as antihistamines. However, things that may help relieve the itching include:

- TENS (transcutaneous electrical nerve stimulation) machines. These stimulate nerves that carry non-painful messages to the brain (overriding and stopping the pain messages). TENS machines can also make the body release its own painkillers (endorphins)
- dressings that keep the skin well hydrated, called hydrogel sheets
- moisturising creams such as E45
- menthol in an oil-based product such as Dermacool.

If you are allergic to any dressings or adhesives, it's important to let your nurse or doctor know as this may be a cause of itching.

Keeping dressings in place

Fungating wounds may be in awkward positions such as in the armpit. This can make it difficult to find the right size and shape of dressing, and the best way of securing it. You may find some of these different ways of holding your wound dressing in place helpful.

- Dressing retention garments can help to keep your dressings in place. Examples include Tubifast™, Comffast™ and Skinnies WEB™. Your nurse can provide you with more information.
- Clothing containing lycra, such as crop tops, t-shirt vests or cycling shorts, may also help hold a dressing in the right position under clothing.

Your feelings

You may feel anxious, embarrassed or depressed because of your fungating cancer wound. Many people feel isolated and worry about leaving the house. You may be worried or embarrassed if your wound affects your outward appearance, or has an unpleasant smell. It may also have an effect on your relationships. But remember that you will probably be much more aware of the wound than other people.

Your family and close friends may offer you support. You may also find it helpful to talk to your doctor or nurse about how you're feeling. Support groups, counselling and complementary therapies such as relaxation and aromatherapy can also be helpful. Our cancer support specialists can give you details of support organisations and counselling services in your area.
References and thanks

The information in this section has been produced in accordance with the following sources and guidelines:

- Electrochemotherapy for metastases in the skin from tumours of non-skin origin (IPG446) National Institute for Health and Care Excellence excellence (NICE)

If you’d like further information on the sources we use, please feel free to contact us.

Thanks

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Thank you to all of the people affected by cancer who reviewed what you’re reading and have helped our information to grow.

You could help us too when you join our Cancer Voices Network - find out more.

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