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Nursing Experience in Cancerous Wound Care for a Terminal Lymphoma Patient

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Abstract

This case report details the nursing care essentials for a malignant wound in a patient with advanced diffuse large B-cell lymphoma, employing psychological care, medication management, nutritional support, and wound care through integrated traditional Chinese and Western medicine therapy to relieve pain, control inflammation, and promote wound healing.

Full Text

Nursing Experience in Managing Cancerous Wounds in a Patient with Advanced Lymphoma

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Abstract: This report details the key nursing interventions for cancerous wounds in a patient with advanced diffuse large B-cell lymphoma. Through integrated emotional care, medication management, dietary support, and wound care combining traditional Chinese and Western medicine approaches, we achieved pain relief, inflammation control, and promotion of wound healing.

Keywords: Cancerous wounds; Wound care; Emotional care; Nutrition

Malignant tumor wounds are lesions caused by tumor infiltration of the skin, manifesting as nodular protrusions above the skin surface or ulcerative lesions forming depressions and cavities. The prevalence of malignant tumor wounds is approximately 10%-14%, with a 5%-10% incidence among patients with metastatic cancer, typically occurring within the final 6-12 months of life [1]. These wounds are often chronic and may persist until death, accompanied by progressively worsening symptoms including pain, odor, exudate, and bleeding. Combined with disease progression, they severely impact patients' physical and psychological well-being while increasing caregiver burden. Current management goals focus on controlling wound symptoms to maximize patient

comfort and improve quality of life [2]. We report the nursing management of a patient with cancerous wounds admitted to our department in July 2023.

1.1 General Information

Patient Wu, male, 73 years old, was admitted in July 2023 with "diagnosis of malignant lymphoma for over 11 months, fatigue for 3 days." Admission symptoms: alert, fatigued, hoarse voice, sore throat, normal bowel and bladder function, poor sleep, nasal regurgitation during eating. Past medical history: cerebral infarction; denied history of hypertension, diabetes, or coronary artery disease. In August 2023, the patient underwent extensive resection of left palate malignant tumor + extensive resection of left pharyngeal malignant tumor + left neck lymph node dissection + left forearm flap preparation and free reconstruction + palatopharyngoplasty + abdominal skin graft harvesting and transplantation repair: small artery anastomosis + left parotid gland partial resection + pedicled fasciofatty flap harvesting and transplantation + peripheral nerve decompression + left submandibular gland resection + gingivoplasty + impacted tooth extraction + complex tooth extraction + tracheostomy. On May 18, 2023, transcatheter tumor-feeding artery infusion embolization was performed. Allergy history: rituximab.

1.2 Specialist Examination

The patient had four protruding masses: one on the middle medial aspect of the left forearm, one on the left groin, and two around the umbilicus. The left forearm mass measured approximately 5*7cm, with erythematous skin and elevated temperature, no odor. The left groin mass measured approximately* 7*8*cm, with ulcerated skin, minimal yellow exudate, elevated temperature, no odor. The abdominal masses measured 5*6cm (left) and 3*4cm (right), with erythematous skin and elevated temperature, no odor.

1.3 Auxiliary Examinations

Coagulation profile: fibrinogen 6.92g/L↑, antithrombin III 69.70%↓; D-dimer 0.77mg/L↓. Albumin (ALB) 31.00g/L↓, globulin (GLB) 15.26g/L↓, prealbumin (PA) 107.40mg/L↓. Electrolyte panel: serum calcium (Ca++) 1.98mmol/L↓. Complete blood count: red blood cell count 3.10*10^{12}/L↓, hemoglobin 82.00g/L↓, hematocrit 25.70%↓, mean corpuscular hemoglobin 26.40pg↓, platelet count 360.00*10^9/L↑, mean corpuscular volume 61.10fL↑, RDW-CV 20.10%↑, monocyte percentage 12.50%↑, eosinophil percentage 13.90%↑, basophil percentage 1.60%↑, monocyte count 0.89*10^9/L↑, eosinophil count 0.99*10^9/L↑, basophil count 0.11*10^9/L↑.

1.5 Diagnosis

Admission diagnosis: Traditional Chinese Medicine diagnosis: Cancerous disease (qi stagnation and phlegm coagulation pattern). Western medicine diagno-

sis: Diffuse large B-cell lymphoma; soft tissue infection.

2 Treatment Intervention

Western medicine treatment included gemcitabine + oxaliplatin chemotherapy combined with tislelizumab immunotherapy, fat emulsion amino acid (17) glucose (11%) injection for intravenous nutritional support, estazolam tablets for sleep aid, and oxycodone for pain control. Traditional Chinese medicine treatment consisted of herbal decoction for regulating qi and resolving stasis:

Shanyao (substitute) 30.0g, Jingmi (substitute) 20.0g, Fabanxia (substitute) 10.0g, Taizishen (substitute) 15.0g, Maidong (substitute) 20.0g, Chaoshanzha (substitute) 15.0g, Jianqu (substitute) 15.0g, Chaojineijin (substitute) 15.0g, Chaojiezi (substitute) 5.0g, Lujiaoshuang (substitute) 15.0g, Shudihuang (substitute) 15.0g, Pugongying (substitute) 20.0g, Lianqiao (substitute) 30.0g, Jinyinhua (substitute) 15.0g, Gancaopian (substitute) 10.0g, Danggui (substitute) 15.0g, Xiakucao (substitute) 30.0g, Zhebeimu (substitute) 15.0g, Shancigu (substitute) 15.0g, Xuanshen (substitute) 15.0g, Xinjiangzicao (substitute) 15.0g, Jinchai Shihu (substitute) 3.0 bags.

3.1.1 General Assessment

Using the fall risk assessment scale, the patient was classified as high fall risk. Using the Barthel Index, the patient showed severe dependence in self-care abilities. The AIS sleep self-assessment scale indicated insomnia [4] with a score of 6. Pain score (NRS) was 2.

2.1.2 Nutritional Assessment

NRS2002 score was 6, indicating severe malnutrition. Height 172cm, weight 48kg, BMI 16.2kg/㎡.

3.2 Nursing Diagnoses

Disturbed body image: related to protruding masses and wound odor Severe malnutrition: related to tumor consumption and poor oral intake Anxiety: related to concerns about disease prognosis

3.3.2 Nutritional Support

Feeding method: Nasogastric feeding, enteral nutrition (due to insufficient oral intake, nasogastric tube was retained). Nutritional education was provided: low-calorie supply of 83.7-104.6KJ/Kg/d was appropriate. Calculated daily enteral nutrition supply was 2930-3660KJ, administered orally once daily as enteral nutrition providing approximately 3150KJ [5-6]. Enteral nutrition (EN) regimen was adjusted to: Jia Shan Youxuan, 20-40g (approximately 2-4 full scoops) per dose, five times daily (07:00, 09:00, 12:00, 17:00, 21:00) [7].

3.3.3 Psychological Care

Maintaining a clean and comfortable environment, nursing staff established a good nurse-patient relationship through communication with the advanced cancer patient. During interactions, nurses helped patients understand disease knowledge and used targeted psychological counseling to help them face their condition realistically, thereby reducing psychological burden.

3.3.4 Wound Care

At admission, the wound had no odor and minimal exudate. Primary nursing care focused on wound cleansing, infection control, and promoting healing.

July 26: Left groin mass measured approximately 7*8cm, with ulcerated skin, elevated temperature, necrotic mass. After debridement of necrotic tissue, heavy exudate was present. Wound was cleansed with 0.9% NS, dressed with Compound Huangbai Solution wet compress, alginate for exudate absorption, and povidone-iodine cream for infection control twice daily. Intravenous piperacillin sodium/tazobactam sodium 4.50g q8h was administered for anti-infective treatment.

July 30: Left groin mass measured approximately 4*3cm, with ulcerated skin, erythema, minimal exudate, normal skin temperature. Wound care consisted of 0.9% NS cleansing, Compound Huangbai Solution wet compress, and povidone-iodine cream for infection control once daily.

3.3.6 Traditional Chinese Medicine Nursing

For insomnia and decreased appetite, thunder-fire moxibustion (Yongquan, Shenque, Shangwan, Zhongwan, Xiawan) was applied to calm the mind and boost vital qi. Auricular point pressing (subcortex, Shenmen, heart, sympathetic) was used to improve sleep.

3.4.1 Wound Improvement Comparison

Improvement was evaluated from three aspects: size, exudate amount, and odor. See Table 1 .

3.4.2 Nutritional Status Comparison

Pre-intervention weight was 48kg; post-intervention weight was 52.5kg, representing a 9.3% increase. NRS score improved to 1 point. See Table 2 .

4.1 Key Points in Cancerous Wound Care

Through caring for this patient with cancerous wounds, we realized that not only patients and families endure significant stress, but nurses also face considerable psychological pressure from both the wound stimuli and interactions with patients and families. Healthcare professionals must treat each patient

with empathy and compassion. Targeted nursing measures based on the actual condition of cancerous wounds can effectively alleviate wound symptoms, reduce physical and psychological suffering, and improve quality of life for patients and families.

4.2 Application of Appropriate Traditional Chinese Medicine Techniques in Advanced Cancer Patients

The combined application of traditional Chinese medicine nursing techniques demonstrates good efficacy in improving clinical symptoms of advanced cancer patients. These techniques offer advantages including simple operation, minimal trauma, stable efficacy, and good patient acceptance.

4.3 Importance of Enhanced Nutrition in Advanced Cancer Patients

Nutritional care for advanced cancer patients is crucial. It can improve treatment tolerance, reduce anti-tumor adverse reactions, and enhance quality of life. While selecting appropriate nutritional routes and regimens, patient education about dietary care importance is essential to ensure cooperation. Nutritional protocols for advanced cancer patients should be developed based on physical condition and treatment status, with timely adjustments according to physiological examinations, biochemical measurements, disease changes, and clinical treatment. We believe that with continuous development of clinical expertise and nutrition science, we can provide more convenient and rational nutritional care to meet patients' needs and improve survival quality.

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