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RADIODERMATITIS IN NEOPLASTIC PATIENTS: A TREATMENT PROTOCOL

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INTRODUCTION

The most common side effects of oncologic radiotherapy are rashes or redness, permanent pigmentation, and scarring in the treated area (radiodermatitis). Radiation therapy causes inflammation of tissues and organs in and around the body site radiated: for example, radiation can inflame skin and cause a burn. Aim of the work is to demonstrate the effectiveness of a new product containing glycerosomes carrying hyaluronate* whose mechanism of action is to decrease local inflammation, to form a protective barrier and to regenerate skin.

METHODS

The study involved 20 patients with radiodermatitis. We used a phospholipid based vesicular system suspended in a hyaluronic acid gel* applied daily. We evaluated the time of disappearance of the erythema and the effectiveness of treatment on pain (for pain assessment we used the Numerical Rating Scale). We also examined the possible reduction in the use of analgesic drugs. The study duration was determined by the achievement of the result and, in any case, the time of evaluation should not be more than 3 weeks.

CASE STUDIES

CASE N. 1: Radiodermatitis of sacrum



Early stage



After 1 week treatment



After 3 week treatment

CASE N. 2: Radiodermatitis of breast



Initial Pain (10 - NRS)



No lesions of the periwound skin. Complete removal of the pain (0 - NRS) within 3 weeks

CASE N. 3: Radiodermatitis of neck



Skin lesion , heavy exudate, infection risk, Pain (10 - NRS)



Complete resolution after 3 weeks of treatment

CASE N. 4: Erythema of infra-mammary region



Pain disappeared after one hour from first application.

Erythema healed in 6 days. Jalosome™ was applied once per day, after morning toilette.

RESULTS

In all treated patients we had reduction/disappearance of erythema within three weeks of treatment; the efficacy in pain control can be described as excellent with significant reduction in symptoms within the first week of treatment. In most cases, there was a significant reduction in the use of analgesic drugs.

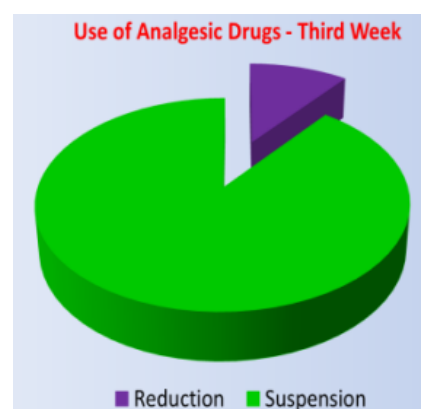
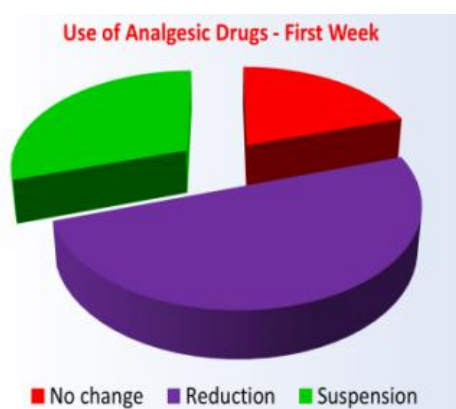
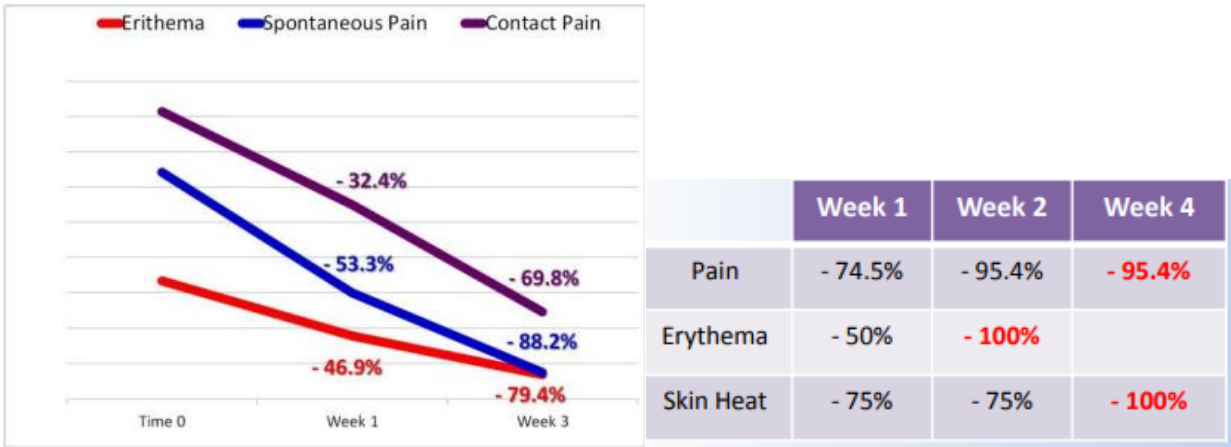


Table 1: Trend of pain. Erithema showed a gradual decrease until complete disappearance within 2 weeks



CONCLUSIONS

The treatment of radiodermatitis has always been quite empirical: clinicians suggest to most of patients a nonspecific treatment with steroidal creams or burn product. Now we think to have a specific product that can become part of an effective protocol to prevent and care the skin damages caused by radiotherapy.