BACKGROUND

The management of malignant malodorous wounds within the oral cavity can be challenging due limited dressings that are safe, efficacious, and negligible.

CASE DESCRIPTION

An 80-year-old female with squamous cell carcinoma of the oral cavity was admitted to home care with complaints and distress related to extreme malodor.

INTRODUCTION

Squamous cell carcinoma of the oral cavity accounts for approximately 2% to 6% of all malignancies and malodorous of this type is a high-risk of advanced stage disease, occurring 20% at the time of diagnosis.1 Malodorous wounds occur in approximately 5-15% of cancer patients2 with approximately 24% to 32% of these occurring on the head and neck.3 These wounds are often friable, highly exudative, pungent, malodorous and painful. The wound is clinically crucial for physiology function such as speech, mechanical and chemical digestion, and swallowing and for patients with advanced malignant disease loss of physiological function coupled with the development of a chronic malodorous wound can be devastating to quality of life.2,4,5 Pain, loss of function, and disfigurement associated with malodorous of this type are very distressing for both patients and caregivers, and can lead to depression, social isolation, low self-esteem, shame, and embarrassment.6 Managing malignant malodorous wounds occurring in the oral cavity can be difficult due to limitations on dressings and products that provide symptomatic management and are safe for ingestion.

SYMPTOMS CHART

INITIAL APPLICATION | 1 WEEK LATER | 1 MONTH LATER | 3 MONTHS LATER
--- | --- | --- | ---
Inflammation | "Angry, inflamed" | Decreased inflammation | None | None
Odor | "High odor" | None | None | None
Pain | High pain | Better | Improved | Improved
Drainage | Purulent | Clear | Reduced and clear | Scant
Wound size | 2 cm x 2 cm – through to oral cavity | 2 cm x 2 cm – through to oral cavity | 2 cm x 2 cm – through to oral cavity | 1 cm x 1 cm – through to oral cavity

The patient was an 80 year old female admitted to home health care for advanced oral squamous cell carcinoma with base involvement resulting in brushing and protection of this entrance through the lower face. She was not a surgical candidate for excision due to the advanced stage of the cancer. The patient was treated for chemotherapy for palliation; however the patient elected to stop treatments as she did not feel the chemotherapy had improved her symptoms. The patient was receiving nutrition and medications via gastrostomy tube. She reported retaining some ability to swallow very small amounts of liquid, but unable to chew or swallow solids, and she related that the taste of food was on par with an open wound to the lower face with base protrusion, multiple lacerations were noted on the oral cavity along the mandible. The nurse contacted the CRN for recommendations and suggestions for managing the odor which she described as being for both the patient and the caregivers. The odor was causing extreme distress to the family and the nurse has described the impact as she reported that it smell of rotting flesh which permeated the entire house. The patient was reported as being quiet and reluctance to talk as the odor increased when the patient opened her mouth to speak. Additionally, the stalled nurse reported that the wound on the external face was "angry" and inflamed and purulent. "The patient allergic to the dressing and the depth exudate was back through the face into the mouth. The patient and caregivers understand that wound was due to malignancy and would not heal; however, they were hoping for anything that could help with the odor and provide comfort for this patient.

Multiple options for odor control were discussed, some of which patient had tried; such as kitty litter and open jars of vinegar in the room in an effort to mask or absorb the odor. The caregiver stated these options did not help with the odor. Since most of the odor originated from inside the oral cavity it was necessary to choose a product that was safe for oral consumption. The decision was made to try a medical grade Manuka honey product. Calcium alginate impregnated with Manuka honey was applied to the external wound and Manuka honey paste was applied twice daily with a swab in the oral cavity. The calcium alginate with Manuka honey was selected for the odor control to manage the inflammation and drainage. The Manuka honey paste was selected for the oral wounds due to the ideal viscosity and palatable taste of the paste. After one week of using the Manuka honey, the odor was no longer "purulent," the wound appeared "less angry and inflamed," the pain had decreased, and the odor was reduced when the patient opened her mouth to speak. The nurse reported that the wound was not "purulent", the wound appeared "less angry and inflamed," and the patient was able to manage her own wound care and very satisfied with the results of the Manuka honey protocol. She was discharged to a palliative care provider for oversight, Manuka honey continued as a palliative plan for wound management and orodentification.

PALLIATIVE MANAGEMENT OF MALODOROUS SQUAMOUS CELL CARCINOMA OF THE ORAL CAVITY WITH MANUKA HONEY* Jerri Drain, BSN, RN, CWON, Regional Wound Program Manager, Amedisys Inc., Baton Rouge, LA Michael O. Fleming, MD, FAAP, Chief Medical Officer, Baton Rouge, LA

DISCUSSION

The use of honey for wound care is well documented in the literature. Honey has multiple properties that make it ideal for wound care. It is antimicrobial, can be applied topically or orally.7,8 Oral/systemic bacteria can invade these effects such as “release” and in the case of this patient, difficult to swallow. Honey can be applied, similar Yemen and when coupled with the deodorizing, antimicrobial, and anti-inflammatory properties, honey seems to be an ideal choice for managing wounds in the oral cavity. The use of honey specifically for oral wounds secondary to malignancy-related conditions such as radiation induced mucositis, stomatitis, and periodontal conditions, and malignant ulcers is not as well studied and documented but has shown to be promising.9,10 Antimicrobial evidence for use of honey in oral conditions has been reported as far back as 58 BC when honey was documented in the treatment of throat and basal inflammation.11 In recent studies, honey has shown efficacy in reducing the duration and severity of mucositis.12 A recent study from Malaysia even looked at the risks, cost, and progisprate of treating honey burns to oral squamous cell carcinoma. The study suggested that honey demonstrated encouraging anti-proliferative and apoptotic effects on oral squamous cell carcinomas, but further studies are needed.

CONCLUSION

Honey is a safe and effective palliative management option for oral and wounds secondary to squamous cell carcinomas. Enhanced wound care management was critically important to psychological and emotional well-being of this patient and caregivers. The anti-inflammatory and anti-bacterial benefits of honey were added bonus with improvement in inflammation, pain, and odor control management. Certainly, honey is a safe,可行可期的 option that should be considered when trying to manage challenging wounds occurring within the oral cavity.