

Evaluation of Kliniderm Fiber CMC dressing on patient with Peripheral T-Cell lymphoma presenting as a non healing tumour.

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Introduction

Female 68 years old diagnosed with Peripheral T-cell Lymphoma presenting as a non-healing tumour ulcer/abscess on the lower left abdominal wall. Prior to diagnosis of Lymphoma patient was in good health with no other comorbidities. She was admitted to medical assessment unit following treatment at another acute hospital, they had treated the tumour as an abscess in nature and attempted to incise and drain which had left a large necrotic wound. Initial presentation to our service following an urgent referral was a large wound measuring approximately 10cm x 23cm <1cm deep that was 100% necrotic tissue.

1st Assessment

Due to the previous dressing regime of honey to debride the necrotic wound bed the wound was heavily exuding (necrosis had been lifted by honey leaving fixed slough) resulting in surrounding skin becoming incredibly inflamed and excoriated. A hydro fiber (Aquacel Extra) was used under a secondary absorbent dressing to contain the exudate and allow the excoriated skin to heal. Although some improvement in the exudate management was noted further absorbency was required to enable the surrounding skin to heal so the decision was made to try Kliniderm Fiber CMC with the same secondary absorbent dressing. Dressings were to be changed alternate daily.

2nd Assessment

Patient was reassessed by tissue viability a week later where the maceration to surrounding skin was markedly improved. Slough was lifting so some improvement was seen to the wound bed. Patient found the Kliniderm Fiber CMC comfortable and did not experience any pain or discomfort during dressing changes. She verbalised that she was much more comfortable as the excoriation to her skin was not causing her so much discomfort. Dressing regime changed to every 3rd day.

3rd Assessment

Wound reviewed a week later and surrounding skin was healed, free from excoriation and maceration. Gelling action of the hydro fiber continued to soften the slough and aid debridement.

Conclusion

Kliniderm Fiber CMC was used as the wound required a dressing that was going to absorb large amounts of exudate to allow the surrounding skin to heal as this was causing distress to the patient. After 2 weeks of use, which included 5 dressing changes the Kliniderm Fiber CMC had contained the exudate and allowed the dressing changes to be reduced in the second week. The size of the wound had not reduced but this was expected due to the nature of the wound however notable improvement to the wound bed was seen.