

Skin Conditions [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 03/2015

Cancer treatment, in addition to slowing or stopping the growth of cancer, can affect a person's skin, hair, and nails. Often skin problems from cancer treatment are not severe. For some people, skin conditions are difficult to cope with because they cause visible changes to the body.

Some skin conditions may get better over time, while others may not go away. Relieving side effects is an important part of cancer care and treatment. Treatment to manage side effects is called symptom management, [palliative care](#) [3], or supportive care.

Management of skin conditions

Most of the time, prevention is the best way to manage skin problems. Let your health care team know if you have any sores, wounds, rashes, or other problems with your skin. Also, let them know if you have pain or discomfort on your skin, even if you cannot see a problem. Sometimes, pain or discomfort is the first sign that a skin condition is beginning.

Below is some general information on common skin conditions and how your health care team can manage them.

Rashes. Rashes can be a side effect of chemotherapy, targeted therapy, or radiation therapy. People may experience a rash that looks like acne or a rash that looks like measles. There are several ways to manage rashes based on how bad the rash is. For a mild or a moderate rash, drugs called corticosteroids given as a cream can be used on the rash. Antibiotic creams or ointments can also be used, or antibiotics may be given by mouth. For a more severe rash that affects a person's day-to-day life, corticosteroids may be given by mouth and used as a skin cream. Chemotherapy may be stopped for a short time and restarted at a lower dose. If these steps do not work, a drug called isotretinoin (multiple brand names) may be used.

Dry and itchy skin. Dry and itching skin is called pruritus. It may be more common for people with leukemia, lymphoma, and multiple myeloma. For dry skin, try using skin cream twice a day and within 15 minutes of showering. It can also help to avoid products that irritate the skin. This includes soaps, detergents, and creams with fragrance. Also, products that scratch or scrub the skin, such as sponges, bath scrubs, or loofahs can affect the skin. It may also help to shower and bath with warm water, as hot water can dry the skin.

If you experience itching, avoid fragranced skin products. You can try creams with menthol, camphor, or pramoxine, if recommended by your doctor. Medications called antihistamines can be an option for itching. However, it is important to talk with your doctor about the itching before taking any medication.

Sensitivity to light. Some types of chemotherapy can make the skin more sensitive to light, called photosensitivity. The best way to prevent more sensitive skin from burning is to cover up with clothing, a hat, and/or use sunscreen before going out outside. You'll want to use a broad spectrum, meaning that it blocks UVA and UVB rays, with an SPF, or sun protection factor, of at least 15.

Nail changes. Cancer treatments may cause your nails to thicken or get thinner or develop light or dark streaks or grooves. The area surrounding your nails, such as the cuticle and skin, may also be affected. If your nails change from chemotherapy, your doctor may recommend that you wear cold gloves or slippers only while you are having chemotherapy, specifically for the drugs docetaxel and paclitaxel. The cold helps to narrow the blood vessels in your hands and feet, which has been shown to reduce the amount of these two drugs that reaches the hands and feet. To help manage any nail changes you experience, trim your nails, avoid manicures and pedicures, wear gloves for tasks such as yard work or cleaning, use oils or creams to keep the skin around your nails soft, and avoid wearing shoes that are too tight.

Radiation-related skin problems. When radiation treatment kills cancer cells, it also kills some healthy cells. This can cause the skin to peel, itch, or hurt. Damage to the skin from radiation treatment often starts after one or two weeks of treatment. In most cases, it gets better a few weeks after treatment ends. If skin damage from radiation treatment becomes a problem, your doctor may change the radiation dose or schedule until the condition improves. One way to prevent skin burns is with corticosteroid skin creams, such as mometasone cream (Elocon, Momexin). Make sure you do not apply creams within four hours of the radiation treatment. Tell your doctor if you see any open sores or areas where the skin is moist. This may be a sign of an infection that needs treatment with antibiotics. Learn more about the [side effects of radiation therapy](#). [4]

Chemotherapy leaks. Chemotherapy extravasation is the term used to describe what happens when chemotherapy given into a vein leaks onto the skin. Chemotherapy that touches the skin can cause pain or burning. If left untreated, this can also cause a wound to develop. If you have pain or burning when you are receiving chemotherapy, tell someone on your health care team right away. A member of the health care team will likely stop the chemotherapy and clean the

area around the IV. Your health care team will also instruct you on how to care for it at home. Then, you will receive chemotherapy through another vein or by another method.

Necrotic wound. Some cancers cause wounds to develop or make it difficult for wounds to heal. A necrotic wound is a wound that is surrounded by dead skin or, sometimes, dead muscle tissue. A necrotic wound cannot heal when it is surrounded by dead skin or tissue. Removing dead skin or tissue with surgery or a special gel is the first step in treating a necrotic wound. If you have a wound that is not healing, tell a member of your health care team right away. Your doctor may test the skin to find out if you have an infection. If you have an infection, you may need antibiotics.

Pressure ulcers or bed sores. Pressure ulcers are caused by constant pressure on one area of the body. They often form on the heels of the feet or the tailbone. Ulcers are less likely to form on parts of the body where there is a thicker layer of fat. For patients who are bedridden, an air- or water-pad that lies on top of the mattress helps prevent ulcers. Special beds called “low-air-loss beds” or “air-fluidized beds” may also help prevent ulcers or stop ulcers from worsening. Treatment for pressure ulcers can provide comfort, reduce pain, and keep them from getting worse.

Malignant wounds. Malignant wounds form when cancer breaks the skin and causes a wound. Many types of cancer can cause malignant wounds. However, they are more common in people with [skin cancer](#) [5]. Malignant wounds can easily become infected and be very painful. They may leak a large amount of fluid or blood. The odor from a malignant wound can also be very strong. Placing an odor absorber in the room, such as cat litter, or charcoal can help lessen the smell. Or, you can try introducing another odor, such as a burning candle, vanilla, vinegar, or coffee. Keep in mind that fragrances and perfumes can bother some patients and may cause nausea. Topical antibiotics such as metronidazole (multiple brand names) may be effective in reducing odor. Talk with a member of your health care team if you have a wound.

More Information

[Mouth Sores](#) [6]

[Hair Loss](#) [7]

[Side Effects of Chemotherapy](#) [8]

[Self-Image and Cancer](#) [9]

Links

[1] <http://www.cancer.net/navigating-cancer-care/side-effects/skin-conditions>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/25282>

[4] <http://www.cancer.net/node/24677>

- [5] <http://www.cancer.net/node/31378>
- [6] <http://www.cancer.net/node/25051>
- [7] <http://www.cancer.net/node/25251>
- [8] <http://www.cancer.net/node/24676>
- [9] <http://www.cancer.net/node/25264>