

Skin Conditions [1]

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People with cancer may develop sores, rashes, and other skin conditions caused by cancer or cancer treatment. For some people, skin conditions are especially difficult to cope with because they cause visible changes to the body. They may also cause itching, pain and discomfort. People receiving medication called targeted therapies may also experience specific skin problems; learn more about [skin reactions to targeted therapies](#) [3].

Some skin conditions may get better over time, while others may not go away. Relieving side effects, also called symptom management, [palliative care](#) [4], or supportive care, is an important part of cancer care and treatment. In most cases, the best way to manage skin problems is by preventing them before they begin. Let your doctor or other member of your health care team if you have any sores, wounds, rashes, or other problems with your skin right away. It is also important to let a member of your health care team know if you are having any pain or discomfort on your skin, even if you cannot see a skin problem. Sometimes pain or discomfort is the first sign that a skin condition is beginning.

Management of common skin conditions

People with cancer may experience the following skin conditions:

Chemotherapy extravasation. Chemotherapy extravasation is the term used to describe what happens when chemotherapy given through an IV (a small needle and tube that is inserted directly into the vein) leaks onto the skin. Chemotherapy drugs that touch 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. If an extravasation happens during your treatment, 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.

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 is finished. If skin damage from radiation treatment becomes a problem, your doctor may change the dose or schedule of your radiation treatment until the skin condition

improves. One way to prevent radiation induced skin burns is with the daily application of a topical (for the skin) corticosteroid, such as mometasone cream (Elocon, Momexin). Make sure you do not apply creams within four hours of the radiation treatment. If you see any open sores or areas where the skin is moist, it may be an infection and should be treated with topical or oral antibiotics.

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 the dead skin or tissue either surgically or by applying a special gel to the skin 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. A skin culture may be obtained to determine if there is an infection, and you may need topical or oral antibiotics.

Pressure ulcers (bed sores). Pressure ulcers are sores that are caused by constant pressure on one area of the body. They often form on the heels of the feet or the sacrum (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. There are treatments that provide comfort and pain control for ulcers, as well as treatments that prevent them from getting worse.

Malignant wounds. Malignant wounds form when cancer breaks the skin and causes a wound. Malignant wounds may be caused by many forms of cancer, but 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 overpowering. This odor can sometimes be managed by placing an odor absorber in the room, such as cat litter, charcoal, or by introducing another odor, such as a burning candle, vanilla, vinegar, or coffee. Keep in mind that fragrances and perfumes can be irritating to 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.

Pruritus (itchy skin). Some people with cancer develop pruritus. Pruritus is more common in people with some cancers than others, such as leukemia, lymphoma, multiple myeloma, or other cancers. Kidney or liver failure, thyroid problems, a drug reaction or allergic reaction, dry skin, hives, and other skin infections can also cause pruritus. Pruritus that is caused by an irritant, such as a drug, can be treated by stopping the use of that drug. Moisturizers, antihistamines, steroid medications, and cooling or painkilling creams or gels may also help relieve pruritus. Talk to a member of your healthcare team if you experience itching.

More Information

[Managing Side Effects](#) [6]

[Side Effects of Chemotherapy](#) [7]

[Side Effects of Radiation Therapy](#) [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/25056>
- [4] <http://www.cancer.net/node/25282>
- [5] <http://www.cancer.net/node/19618>
- [6] <http://www.cancer.net/node/25238>
- [7] <http://www.cancer.net/node/24676>
- [8] <http://www.cancer.net/node/24677>
- [9] <http://www.cancer.net/node/25264>