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Acute radiodermatitis with nasopharyngeal carcinoma in 39-years-old man

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Abstract

Introduction: Radiodermatitis or radio-induced dermatitis (RD) is one of the most important side-effects of radiotherapy (RT) and radiation-based imaging techniques. It is defined as cutaneous reaction to the inflicted cellular injury, which occurs once the threshold level of exposure has been exceeded. RD is most common in patients treated for breast, head and neck, anal and vulvar cancer. The higher incidence is due to the fact that the irradiation target in these anatomical regions is closer to the skin and therefore it receives a high RT dose. Acute RD starts with red rashes and dry desquamation, become bright erythema with patchy moist desquamation, and develops confluent moist desquamation. In some rare cases a very painful necrosis with hemorrhage and ulceration can occur and affects greatly the patients' quality of life. Treatment with daily hygiene practices such as gentle washing with water with or without mild soap, application of wound dressings that absorb the wound exudate and protect the wound from environmental damage and bacteria to prevent secondary infections. For infected wounds, silver-containing dressings can be used. Nasopharyngeal carcinoma (NPC) is a rare malignancy worldwide, but it is endemic in a few areas. It is one of the Epstein-Barr virus (EBV) associated malignancies. The symptoms and signs include neck masses, epistaxis, nasal obstruction and discharge, headache, and other non specific indicators. NPC is very sensitive to RT resulting in 3-year disease-free and overall survival of approximately 70% and 80%, respectively.

Case: A 39-years-old male patient with multiple painful necrosis with hemorrhage, erosions, ulceration, and crusted skin on the neck since 10 days ago. History taking revealed previous RT for 21 times since 3 weeks ago due to NPC std.IV. Treatment with wound dressings, topical corticosteroid, mupirocine cream 2 times daily, and Mefenamic acid tablets 500 mg 3 times daily made clinical improvement.

Discussion: The diagnosis of RD with NPC was based on history taking, physical and radiologic examination. Treatment was given wound dressings, topical corticosteroid, mupirocine cream, and oral mefenamic acid for RD and series of RT for NPC. Combination of treatment made clinical improvement.

Biography:

Nancy completed the education of dermatologist at the age of 30 from University of Sumatera Utara in Medan, Indonesia. Now she is working as dermatovenereologist at Abdul Wahab Sjahranie General Hospital in Samarinda, Indonesia.

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