

DOI: <https://doi.org/10.36489/nursing.2020v23i267p4478-4485>

Appropriate term for wounds resulting from cancer processes: an integrative review

ABSTRACT | Objective: To identify the appropriate term for wounds resulting from oncological processes based on the evidence in the literature. Methods: This is an integrative review of scientific evidence. A search was carried out in the databases: LILACS, MEDLINE, Scielo and IBECs about articles published in the period from 2007 to 2019. Results: 18 articles were included with the most frequent study design being the cross-sectional (n: 06). 5 terms were found, the most used being "malignant wound" (n: 08). Among the defining characteristics of wounds, the most frequent were: bad odor (n: 18), exudate (n: 17) and pain (n: 17). As for the cause of these injuries, the greater frequency of articles (n: 10) presented skin infiltration by primary cancer or metastasis. Conclusion: Although several terms are used for these injuries, the cause and defining characteristics are the same. The term "malignant wound" was identified as more appropriate, both for its frequency of use and its semantics.

Keywords: Nursing Care; Wounds and Injuries; Medical Oncology; Terminology.

RESUMEN | Objetivo: Identificar el término apropiado para heridas resultantes de procesos oncológicos basados en la evidencia en la literatura. Métodos: Esta es una revisión integradora de evidencia científica. Se realizó una búsqueda en las bases de datos: LILACS, MEDLINE, Scielo e IBECs sobre artículos publicados en el período de 2007 a 2019. Resultados: Se incluyeron 18 artículos, siendo el diseño de estudio más frecuente el transversal (n: 06). Se encontraron 5 términos, el más utilizado es "herida maligna" (n: 08). Entre las características definitorias de las heridas, las más frecuentes fueron: mal olor (n: 18), exudado (n: 17) y dolor (n: 17). En cuanto a la causa de estas lesiones, la mayor frecuencia de artículos (n: 10) presentaron infiltración de la piel por cáncer primario o metástasis. Conclusión: Aunque se utilizan varios términos para estas lesiones, la causa y las características definitorias son las mismas. El término "herida maligna" se identificó como más apropiado, tanto por su frecuencia de uso como por su semántica.

Palabras claves: Atención de Enfermería; Heridas y Traumatismos; Oncología Médica; Terminología.

RESUMO | Objetivo: Identificar o termo adequado para as feridas resultantes de processos oncológicos a partir das evidências da literatura. Métodos: Trata-se de uma revisão integrativa da evidência científica. Uma busca foi realizada nos bancos de dados: LILACS, MEDLINE, Scielo e IBECs sobre artigos publicados no período de 2007 a 2019. Resultados: Foram incluídos 18 artigos com desenho de estudos mais frequentes sendo o transversal (n:06). 5 termos foram encontrados, sendo o mais utilizado, "ferida maligna" (n:08). Dentre as características definidoras das feridas, as mais frequentes foram: mau odor (n:18), exsudato (n:17) e dor (n:17). Quanto à causa destas lesões, a maior frequência dos artigos (n:10) apresentaram a infiltração da pele por câncer primário ou metástase. Conclusão: Apesar de vários termos serem empregados para estas lesões, a causa e as características definidoras são as mesmas. O termo "ferida maligna" foi identificado como mais adequado, tanto pela frequência de uso como pela semântica.

Palavras-chaves: Assistência de Enfermagem; Ferimentos e Lesões; Oncologia; Terminologia.

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Received on: 07/15/2020

Approved on: 07/16/2020

INTRODUCTION

It is believed that about 5 to 15% of primary or metastatic tumors will evolve with wound development; more often in breast, head and neck cancers. In general, they result from the infiltration of cancer cells into the skin by breaking the integrity of the epidermis, resulting in uncontrolled cell proliferation of oncogenesis,

causing an evolutionarily exophytic wound.⁽¹⁾

These wounds are reported in the literature by various terms including interchangeable, among them: malignant wound, malignant cutaneous wound, malignant skin lesion, tumor wound, cutaneous malignant tumor wound malignant wound fungoides, among others, which can lead to difficulties in management of communication.^(1,2)

In search of evidence to support professional practice, nursing needs to demonstrate that the care provided is associated with adequate results and a high degree of quality and safety, and for this, language standardization is necessary. This in turn is the enactment of care activities designed to promote uniformity, stability and commensurability of thinking, meaning, actions and professional results^(3,4).

The use of standardized terms is a way to improve nursing documentation to generate evidence related to clinical practice ⁽³⁾, in addition, it benefits patients by the continuity of care and facilitates unambiguous communication between health professionals. On the other hand, the existence of several words for the same term confuses the professional and can interfere in the planning and conduct of care. ⁽³⁾

This is because different terms for the same object generate consequences that can often lead to clinical misinterpretation, mismanagement of recorded knowledge, misdiagnosis and misconduct. ⁽⁵⁾ However, the use of standardization of terms in professional practice remains a challenge for professionals working at all levels of complexity of health care. ⁽⁶⁾

In view of this, one can ask, what evidence supports the most appropriate term for wounds resulting from oncological processes? The answer to this question will provide subsidies to nursing practice as well as elucidate useful parameters, for research and public management as to the best knowledge and management of these wounds.

Thus, this study aimed to identify the most appropriate term for wounds resulting from oncological processes based on the evidence presented by the literature..

METHODS

An integrative literature review was carried out. The following steps were observed, according to the methodology proposed by Ganong: definition of the guiding question and research objectives; literature search; establishment of inclusion and exclusion criteria (sample selection); categorization and analysis of studies, presentation and discussion of results ⁽⁷⁾.

As none of the terms frequently used for these injuries are registered in the descriptors in health sciences (DeCS) or in the Medical Subject Headings (MeSH),

the literature search was organized using the following descriptors: wounds and injuries AND neoplasia OR oncology. These Boolean operators were used due to the need to link the descriptors in order to integrate the research theme.

Data collection was carried out from January to June 2019, using the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and in the Index Bibliographic Español en Ciencias de la Salud (IBECS), available directly on their websites or through the Capes Portal.

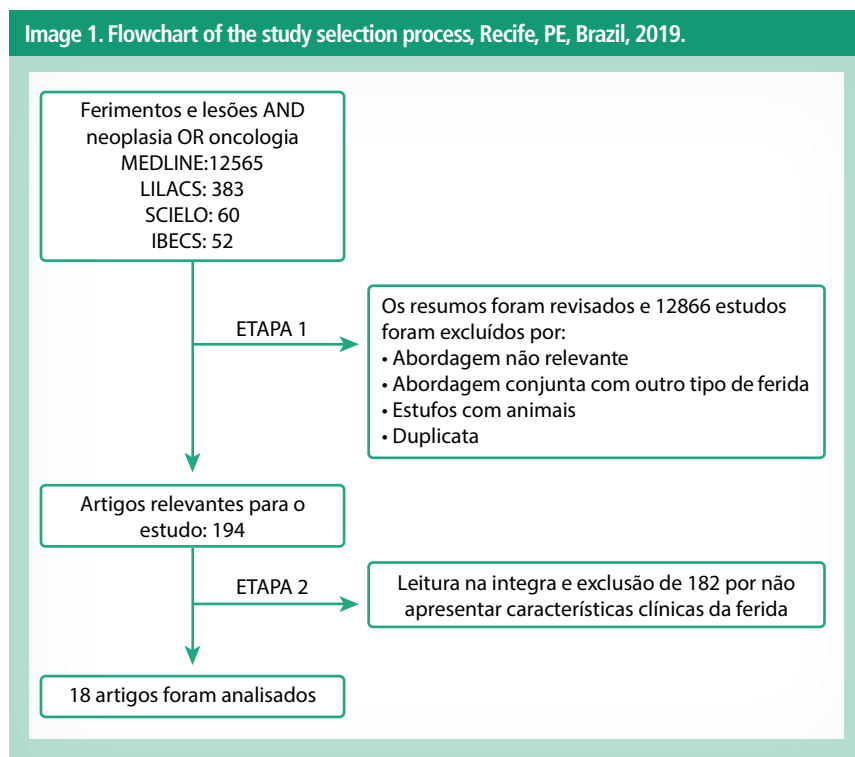
The following inclusion criteria were observed: full articles available in full in Portuguese, English and Spanish; published between 2007 and 2019. And, as exclusion criteria: dissertations and theses, articles that did not present clinical characteristics of the wounds resulting from oncological processes, those with a joint approach with other types of wounds, research conducted with animals or

articles published in more than a database (duplicates).

The articles were subjected to an exploratory reading, enabling the identification of the categories and their evaluation and, for that, it had the support of a data collection instrument elaborated in the Microsoft Office Excel 2013 software.

The literature search was performed by four researchers, who initially found 13060 articles in the four databases consulted. Reading their abstracts led to the exclusion of 12866 of them. These were excluded for not having a relevant approach to the subject in question, and / or for having an approach with wounds that are not the result of oncological processes, as well as studies with animals and duplicates. In this phase, 194 publications were selected. These were read in full to verify compliance with the study's guiding question, totaling 18 articles in the final sample, as shown in Image 1.

Image 1. Flowchart of the study selection process, Recife, PE, Brazil, 2019.



Source: Research data.

RESULTS

Of the 18 articles analyzed, the year with the highest publication referred to 2016, with four publications. The most frequent types of study were: case study (n = 6) and cross-sectional study (n = 3). Regarding the impact factor of the journals in the sample, the Cochrane database of systematic reviews presented the highest factor (7.755).

Specifically regarding the term used for injuries resulting from oncological processes, the use of the following expressions was observed: malignant wound^(8-10, 12, 13, 17, 19, 22), malignant fungoid wound,^(11, 14, 18, 20) malignant tumor wound,^(16, 24, 25) neoplastic wound^(21, 23) e malignant vegetating lesion.⁽¹⁵⁾

It is observed that the most frequently used term was “malignant wound” (n = 8). Among the defining characteristics, the most frequent was bad odor / odor / foul odor (n = 18) followed by exudate (n = 17) and pain (n = 17). As for the cause of these injuries, the higher frequency of articles (n = 10) presents skin infiltration by primary cancer or metastasis (Chart 1).

DISCUSSION

Although the concern for the patient suffering from cancer with a lesion related to the condition is known in the literature, the use of several terms to name it confuses not only the reader, but the professionals dedicated to the best quality of care provided.⁽²⁶⁾

As for the terms used by the analyzed publications, the use of the word “fungoid”, which means “growth in an exuberant way, like a fungus or spongy proliferation”,^(27:822) it does not concern the cause or symptoms of lesions resulting from oncological processes, but only one of its forms, since its presentation varies depending on whether the cellular invasion is the result of the extension of the local tumor to the surface of the skin or whether it is a metastasis of a primary tumor.⁽²²⁾ In this way they can also be ulcerative, when they present as shallow craters and not just fungoids.⁽²⁰⁾

The most frequently used term was “malignant wound”. This indicates the progressive nature of the injury, providing professionals with an understanding

Chart 1: Terms used and defining characteristics for malignant wound, Recife, PE, Brazil, 2019.

Causa	Características definidoras	Termo
Penetração do tumor na pele ou via metástases ⁽⁸⁾	Exsudato; mau odor; dor; prurido; sangramento; crosta	Ferida maligna
— ^{*(9)}	Exsudato; mau odor; destruição cutânea	Ferida maligna
Penetração do tumor na pele ou via metástases ⁽¹⁰⁾	Mau odor; Exsudato; dor	Ferida maligna
— ^{*(11)}	Mau odor; sangramento; exsudato; dor; necrose; irritação; prurido; infecção	Ferida fungosa maligna
Resultado de um câncer primário ou uma metástase na pele ⁽¹²⁾	Mau odor; Exsudato; dor; Sangramento; Prurido; Infecção	Ferida maligna
Resultado de um câncer primário ou uma metástase na pele ⁽¹³⁾	Dor; infecção; mau odor; exsudato; sangramento	Ferida maligna
Infiltração da pele por um câncer primário ou metástase ⁽¹⁴⁾	Mau odor; exsudato; dor; sangramento; prurido	Ferida fungóide maligna
Proliferação celular descontrolada com infiltração de células malignas na pele ⁽¹⁵⁾	Lesão friável; dor; mau odor; exsudato; sangramento	Lesão vegetante maligna
Rompimento da pele e infiltração de células cancerosas ⁽¹⁶⁾	Exsudato; friabilidade; dor; mau odor	Ferida tumoral maligna
Infiltração da pele por um câncer primário ou metástase ⁽¹⁷⁾	Mau odor; exsudato; dor	Ferida maligna
Infiltração da pele por um câncer primário ou metástase ⁽¹⁸⁾	Exsudato; sangramento; dor; odor	Ferida fungóide maligna
Invasão direta da pele por câncer ou por metástase na pele ⁽¹⁹⁾	Ulceração; dor; exsudato; infecção; odor; sangramento	Ferida maligna
Infiltração e proliferação de células malignas na pele ⁽²⁰⁾	Dor; prurido; mau odor; exsudato; sangramento	Ferida fungóide maligna
Infiltração e proliferação de células malignas na pele ⁽²¹⁾	Sangramento; mau odor; exsudato; necrose; dor; prurido.	Ferida neoplásica
Infiltração de células tumorais malignas na pele ⁽²²⁾	Dor; exsudato; mau odor; sangramento	Ferida maligna
Infiltração de células malignas do tumor nas estruturas da pele ⁽²³⁾	Dor; exsudato; mau odor	Ferida neoplásica
Infiltração de células cancerígenas em decorrência de um tumor primário ⁽²⁴⁾	Friabilidade; dor; exsudato; mau odor	Ferida tumoral maligna
Infiltração das células malignas do tumor na pele ⁽²⁵⁾	Dor; necrose; mau odor	Ferida tumoral maligna

Note: * Without explicit cause
Source: Research data.

of the need for palliative treatment and the necessary resources for it, contrary to what would be expected for other types of wounds.

In search of justification for the appropriate term, the etiology related to them was sought and it was observed that, in the greatest frequency, studies related injury to skin infiltration by primary cancer or metastasis, regardless of the term used.

In fact, these wounds are the result of a primary, secondary or recurrent malignancy as a result of a systematic review. So it is not justified to adopt several terms for wounds that have the same cause. ⁽²⁸⁾

Still with the concern to obtain better evidence to support the use of a specific term, it was observed that the defining characteristics most often associated with

these lesions were: bad odor, exudate, pain and bleeding and this was also verified regardless of the term used.

With regard to odor, this symptom has historically been attributed to the presence of devitalized tissue and to a mixture of volatile agents produced by aerobic and anaerobic bacteria, together with a mixture of polyamines, such as cadaverine and putrescine, which are produced by metabolic processes of proteolytic bacteria.⁽²⁹⁾ And among the characteristics of these injuries, it is the one that often causes the most discomfort and interferes most in the patient's life.

It then appears that regardless of the cause of the wound by terminology (although it is the same in most articles), the symptoms present are the same, indica-

ting that it is not necessary and ideal to use several nomenclatures for a characteristic wound.

CONCLUSION

The results point to the use of the term "malignant wound" as more appropriate, both for the frequency of its use in the analyzed articles and for the semantics related to its evolutionary process. The fact that both the causes and the defining characteristics presented were the same regardless of the term used corroborates this. However, due to the stigma of this nomenclature, it is necessary that new studies are carried out with a view to adapting the term, so that there is a more effective standardization. 🌱

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