

Assessing a Novel Cinnamon Odour Control Dressing for Managing Malodour in Radiotherapy Treated Malignant Wounds: An Israeli Case Series

Chausha Weitman Cernica, M.A, R.N, wound care specialist, Hadassah Hebrew University Medical Center, Jerusalem, Israel

Introduction

Vulval cancer is rare, accounting for 0.5% of all cancers in women (Russell, A.H, et al 2016). Standard treatments often involve surgery and chemoradiation for advanced cases (Rogers, L.J. 2018). However, radiotherapy can result in skin reactions (RISR) in up to 95% of cases (Teng, X. 2022). These wounds can cause malodour, leading to social stigmatization and affecting quality of life (Lo et al 2012, Lazelle-Ali, C. 2007). This study evaluates the cinnamon odour control dressing Cinesteam®, for managing malodour in malignant wounds on the groin and vulva in five patients receiving radiation therapy.

Method

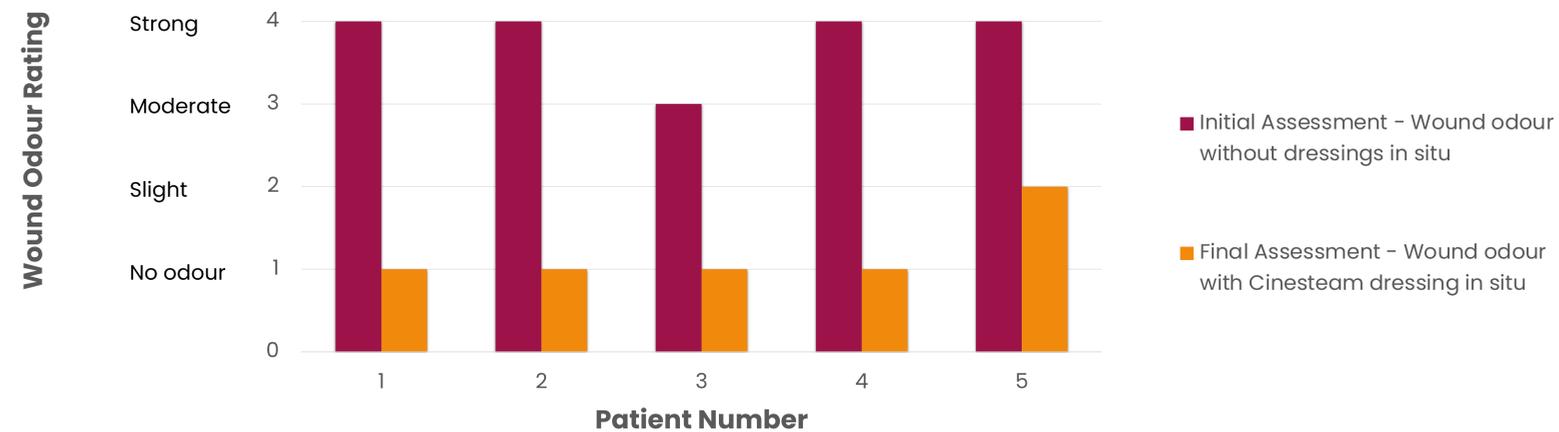
Patients were evaluated by a specialist nurse using a pre-defined odour scoring system, ranging from 'Strong' to 'None'. Assessments were conducted before and after a trial period of the cinnamon dressing (Cinesteam®) applied as a secondary dressing. The trial took place over a maximum period of 14 days, with an average trial period of 7.1 days. Patients recorded their opinions on Cinesteam, and standard primary dressings were used as per normal standard of care.



Results

After using Cinesteam all patients experienced a notable reduction in wound odour, from 'moderate' to 'high' at initial assessment to 'slight' or 'none' at final assessment. The improvement was consistent across all cases. Qualitative feedback highlighted increased social activity and psychological well-being among patients across all age ranges. Patients reported their high acceptance of Cinesteam.

Wound Odour Comparison: Initial assessment without dressings in situ, vs final assessment with Cinesteam in situ



Case Study 1

A **79-year-old female** presented with a wound to the **vulval area**, following 20 sessions of radiotherapy treatment. The patient was a widow, living independently, with support when needed from her family. The wound measured 10x15cm, with the tissue type comprising of fibrin and a small amount of granulation tissue.



At initial assessment, the patient rated the **odour as 'strong'** with the wound uncovered and 'moderate' with a dressing in situ. The patient stated that **she could not 'carry on like this'**. She was very aware of the smell, and would **shower several times a day to try to get rid of the smell**.

Cinesteam was commenced for a period of 1 week, with Hydroclean® in place as a primary dressing.

At final assessment, 1 week later, the patient rated the odour as 'slight' with Cinesteam in situ and stated that she was happy to have less smell coming from her body. She stated that she felt **'relief'** and that treatment with Cinesteam improved her **quality of life** during the assessment period.

Case Study 2

A **51-year-old female** presented with a **wound** to the **vulva and groin** area of 1 month duration, following radiation treatment for vulval cancer. The skin was damaged and inflamed, with medium levels of exudate.



At initial assessment, the patient was experiencing malodour from the wound. The patient stated that she was **ashamed** to leave the house, and the odour was affecting her relationship with her partner.

Cinesteam was commenced for a period of 1 week. At final assessment, the patient stated that she felt there was no longer any malodour present, only the smell of cinnamon. She **started to leave the house** and stated that she was **grateful for the improvement in her quality of life**.

Discussion

Cinesteam® effectively reduced wound odour in all cases, demonstrating its versatility as a secondary dressing. This adaptability could offer healthcare providers a universal solution for various wound types. Increased social engagement and well-being were notable benefits observed during the study.

Conclusion

This study confirms the efficacy of Cinesteam® in managing malodour in malignant, radiation-treated wounds. Future research on its effectiveness for different wound types could lead to more personalised and effective care strategies.

References

1. Anthony Henryk Russell, Neil S. Horowitz, Chapter 60 - Cancers of the Vulva and Vagina, Editor(s): Leonard L. Gunderson, Joel E. Tepper, Clinical Radiation Oncology (Fourth Edition), Elsevier, 2016, Pages 1230-1263.e6, ISBN 9780323240987, <https://doi.org/10.1016/B978-0-323-24098-7.00060-5>.
2. Rogers, L.J. and Cuello, M.A. (2018), Cancer of the vulva. Int J Gynecol Obstet, 143: 4-13. <https://doi.org/10.1002/ijgo.12609>
3. Teng, X, Zhang, X, Zhi, X, et al. Risk factors of dermatitis during radiation for vulvar carcinoma. Precision Medical Sciences. 2022; 11(3): 106-110. doi:10.1002/pm2.12077
4. Lo S-F, Hayter M, Hu W-Y, et al. (2012) Symptom burden and quality of life in patients with malignant fungating wounds. Journal of Advance Nursing 68(6):1312-1321.
5. Lazelle-Ali C. Psychological and physical care of malodorous fungating wounds. Br J Nurs. 2007 Aug 9-Sep 12;16(15):S16-24. doi: 10.12968/bjon.2007.16.Sup3.24528. PMID: 17851368.

Hydroclean® is a registered trademark of Paul Hartmann AG.

Cinesteam® is a registered trademark of Cemag Care.

