

The treatment and management of a moisture lesion with an associated fungal infection

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Introduction

Reoccurring episodes of moisture lesions can be socially and psychologically distressing for patients, however the distress can be exacerbated if an infection such as *Candida albicans* (thrush) develops. *Candida albicans* is a common complication of moisture lesions as it flourishes in the presence of heat, moisture and darkness^[1,2]. Basic skin hygiene is paramount in reducing recurrence rates of both moisture lesions and associated infections, and the use of effective skin protectants can assist with both the treatment and prevention.

Method

A single patient case study was undertaken to assess how effective Proshield Plus skin protectant is when used in combination with an antifungal cream, in healing and preventing reoccurring episodes of moisture lesions with an associated fungal infection.

Consent for inclusion in the poster and for photographs has been obtained from the patient.

Case study

Mr A is a delightful 79 year old gentleman, medical history of arterial fibrillation, chronic obstructive pulmonary disease, essential hypertension, osteoarthritis and right total hip replacement. Mr A has limited mobility and mobilises with 1 stick and he remains active by gardening and attending cricket matches.

In July 2012, Mr A presented with a moisture lesion to both of his buttocks, his wife had been treating the area with a moisturiser until it became larger and more painful, then they decided to seek help.

On assessment both buttocks were inflamed, there were 3 superficial broken areas on the left buttock. Originally the area was treated with a liquid barrier film and a barrier cream, within one month the area had healed. All risk assessments were completed and appropriate interventions undertaken, (a pressure relieving cushion and overlay mattress were ordered).

In April 2013, Mr A re-presented with a large moisture lesion on both buttocks, in a shape of a butterfly, again this was treated with a liquid barrier film and barrier cream. On review the area was larger and seemed to have a fungal element. A hydrocortisone cream and antifungal cream were prescribed and 10 days later when the area had healed, Mr A was advised to carry on using the barrier cream to maintain his skin integrity.

This re-presentation seems to be a regular pattern as Mr A has had a further 2 episodes of moisture related damage. He started to feel quite despondent with the on-going soreness and stated it was affecting his ability to attend the cricket matches that he loves.

In June 2013, Mr A had another reoccurrence of his moisture lesion, again there was evidence of widespread inflammation in a butterfly shape and a fungal infection (Photo 1). At this point Mr A agreed to try Proshield Plus skin protectant, along with an anti-fungal cream.



Photo 1 - Initiation



Photo 2 - Week 1



Photo 3 - Week 2

Results

Mr A's skin was reviewed 1 week after using Proshield Plus over the anti-fungal cream, (Photo 2). The area had improvement and the fungal infection appeared to have resolved. The anti-fungal was discontinued and he was advised to continue with the Proshield Plus twice daily for a further week. On review one week later, the area was completely healed (Photo 3) and Mr A reported that his bottom was much more comfortable and he was now able to enjoy getting out and about and was attending cricket matches again. Additionally his wife, as main carer, found the application simple, she left a 5 minute break between the anti-fungal and Proshield Plus application and built it in to her daily routine. She liked the consistency of the Proshield Plus as it didn't "run off the skin".

Mr A was discharged from this episode of care but both he and his wife are fully aware that they can contact our team at any time for advice or if concerned about skin integrity. He is continuing to use the Proshield Plus daily.

Mr A was reviewed at the beginning of September 2013 and his sacral area remains intact, he is well nourished, comfortable and continues to use the pressure relieving cushion and overlay mattress appropriately.

Conclusion

Although Mr A was continent, throughout the spring and summer months for the last two years he has suffered with reoccurring moisture lesions with associated fungal infections. Mr A had found that the moisture lesions impacted on his ability to socialise and found sitting at the cricket matches very uncomfortable. It was noted that the application of Proshield Plus helped to seal in the anti-fungal cream, promoting faster healing times and the prolonged use of Proshield Plus on Mr A's intact healthy skin helped to avoid any further episodes of recurrence this summer.

References

1. J, Bianchi. (2012). Top tips on avoidance of incontinence-associated dermatitis. *Wounds UK*. S6 Vol 8, No 2.
2. T, Young. (2012). The causes and clinical presentation of moisture lesions. *Wounds UK*. S9 Vol 8, No2.