

OPTIMIZING VAP-SCARS AFTER CHILDHOOD CANCER TREATMENT

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Background/Objectives

Majority of the pediatric cancer patients are treated with chemotherapy using Venous Access Ports (VAP). However, after surgical removal of the VAP often prominent scars remain, which can be quite debilitating for patients. Due to lack of standardized care for VAP-scars, the aim of this study was to determine the efficacy of two different treatments for optimal healing of VAP-scars.

Design/Methods

Pediatric cancer patients (n=20) were included prior to surgical VAP-removal. Patients had the option to either choose from Dermatix®, Meridian Color therapy (MCT) or no additional treatment after VAP-removal. Assessment of scars was done prior to and 3, 6 and 12 months after surgical VAP-removal. High quality photos of scars were made and patients were asked to evaluate their scars, using POSAS-patient questionnaire (parents filled out questionnaire if patients were < 8 years). Two independent dermatologists also assessed the scars, using photos and POSAS-observer questionnaires. To identify whether Dermatix® or MCT is associated with better scar healing than without additional treatment, Mann-Whitney-U-tests were used.

Results

Data were collected from March 2014 till March 2016. A total of 21 scars were evaluated, 8 were treated with Dermatix®, 7 with MCT and 6 without additional treatment. After 12 months of follow-up both patients and dermatologists noted VAP-scars had healed better after MCT compared to those without treatment ($P=0.010$ for both POSAS-patient and POSAS-observer). Interestingly, prior to VAP-removal, scar tissue assessed in the MCT group was significantly worse compared to scars with no treatment ($P=0.007$). No significant differences were observed between VAP-scars after Dermatix® use and those with no treatment (both POSAS-patients ($P=0.055$) or POSAS-observer ($P=0.240$) scales).

Conclusion

Meridian Color Therapy showed better results and could be used for optimizing the healing of scars after surgical VAP-removal in pediatric cancer patients.

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