

How to prevent or manage radiodermatitis: a 2017 review

SKIN AND ONCOLOGY

HOT TOPIC

Nearly one in two patients diagnosed with cancer will receive radiation therapy. Yet, the skin, which is a continuously renewing organ, is highly sensitive to radiation damage. And around 95% of all cancer patients receiving radiation therapy experience radiodermatitis, a substantial side effect that arises directly from radiation exposure.



Radiodermatitis is an acute reaction when occurring around the time of therapy, and a chronic or late onset when it appears 5–10 years after the end of treatment. In recent years, modern equipment, such as intensity modulated radiation therapy, has reduced the severity of acute radiodermatitis for many patients by reducing dose intensity. Nevertheless skin toxicity still remains a problem with around 90% of patients developing a grade 1-skin side effect and 30% of patients developing a grade 2-skin side effect.

While radiodermatitis may resolve over time, it can profoundly affect the patient's quality of life and may limit the treatment duration and dose delivered. That is why the authors of this paper have set the objective of reviewing the existing solutions to prevent or manage the symptoms of radiodermatitis in 2017.

After the description of evidence supporting strategies to limit and treat cutaneous reactions to radiotherapy, they conclude that:

- Acute radiodermatitis have been less observed when dermocosmetics are used daily from the beginning of radiotherapy
- Low level light therapy (LLLT), also known as photo-biomodulation (PBM) or “soft laser”, may both prevent and cure acute radiodermatitis
- Treatment with vascular lasers, especially pulsed dye laser, using short pulse durations, has been shown to be effective in chronic radiodermatitis

Bibliography

Seité S., Bensadoun R-J., Mazer J-M. Prevention and treatment of acute and chronic radiodermatitis. *Breast Cancer – Targets and Therapy* 2017;9:551–57.

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