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PROGRAM • SUMMARIES • ABSTRACTS

NEW ORLEANS

DIMETHYLSULFOXIDE (DMSO) SHOULD BE THE STANDARD OF CARE IN THE TREATMENT OF EXTRAVASATION INJURIES DUE TO ANTI-NEOPLASTICS

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Chemotherapy-induced extravasation injury has an estimated frequency of approximately 1% and is often associated with significant morbidity. There is also a high degree of stress associated with the administration of agents having the potential for soft tissue injury. Needle migration from subcutaneous ports used for infusion therapy increases the likelihood of extravasation events. In 20 years in the community practice of medical oncology I have observed a 100% response rate using 70% DMSO in the treatment of extravasation injury. DMSO is continued until all evidence of injury is gone. DMSO appears to be effective in resolving injury even if begun days after the extravasation event. I have used DMSO for anthracycline, mitomycin C and vinca alkaloid injuries with complete resolution of tissue damage. Other investigators also have reported a high degree of efficacy of DMSO in treating extravasation injury due to agents such as mitomycin C, mitoxantrone and epirubicin [Bertelli G, et al: Dimethylsulphoxide and cooling after extravasation of antitumor agents. Lancet 1993;341:1098; Alberts DS & Dorr RT: Case report: topical DMSO for mitomycin-C induced skin ulceration. Oncology Nursing Forum 1991;4:693]. The only toxicity from this simple compound is a sensation of stinging or burning which may occur during DMSO application due to release of histamine from tissue mast cells. It should be emphasized that a central repository for the study of extravasation injury should be organized with information submitted to confirm these findings and refine dose, and duration of treatment.