



NURSING CARE WITH NEOPLASTIC WOUNDS
CUIDADOS DE ENFERMAGEM COM FERIDAS NEOPLÁSICAS
CUIDADOS DE ENFERMERÍA CON HERIDAS NEOPLÁSICAS

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ABSTRACT

Objective: to discuss nursing care related to neoplastic wounds in patients in palliative care. **Method:** this is a bibliographical study, type integrative, with searches in the databases Cochrane, LILACS, MEDLINE, VHL and Portal CAPES, in Portuguese, Spanish and English publications, with a temporal cut from 2012 to 2017, selecionou 7 articles for the descriptive analysis. **Results:** the following categories were found in the selected articles according to the symptomatology: Pain control; Odor control; Prevention of bleeding; Control of exudate and psychosocial aspects. **Conclusion:** Nursing care is guided by nursing care when performing the dressing of neoplastic wounds. However, it is important to emphasize the psychosocial impairment that involves the patient with neoplastic wound, considering also a Nursing care to be performed. **Descriptors:** Nursing; Palliative Care; Wounds and Injuries; Neoplasms; Oncology Nursing; Nursing Care.

RESUMO

Objetivo: discutir os cuidados de Enfermagem relacionados às feridas neoplásicas nos pacientes em cuidados paliativos. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa, com buscas nas bases de dados Cochrane, LILACS, MEDLINE, BVS e Portal CAPES, em publicações nos idiomas português, espanhol e inglês, com recorte temporal de 2012 a 2017, selecionou-se 7 artigos para a análise descritiva. **Resultados:** encontraram-se nos artigos selecionados as seguintes categorias de acordo com a sintomatologia abordada: Controle da dor; Controle do odor; Prevenção de hemorragias; Controle de exsudato e Aspectos psicossociais. **Conclusão:** norteiam-se, pelos cuidados de Enfermagem encontrados, as condutas do enfermeiro ao realizar os curativos das feridas neoplásicas. Destaca-se, no entanto, um importante aspecto que evidencia o comprometimento psicossocial que envolve o paciente com ferida neoplásica, considerando este, também, um cuidado de Enfermagem a ser realizado. **Descritores:** Enfermagem; Cuidados Paliativos; Ferimentos e Lesões; Neoplasias; Enfermagem Oncológica; Cuidados de Enfermagem.

RESUMEN

Objetivo: discutir los cuidados de enfermería relacionados con las heridas neoplásicas en los pacientes en cuidados paliativos. **Método:** se trata de un estudio bibliográfico, revisión de tipo integrador, para buscar las bases de datos Cochrane, Lilacs, Medline, BVS y Portal CAPES, en publicaciones en portugués, español e Inglés, con el marco de tiempo de 2012 a 2017, seleccionado - siete artículos para el análisis descriptivo. **Resultados:** se encontraron en los artículos seleccionados las siguientes categorías de acuerdo con la sintomatología abordada: Control del dolor; Control del olor; Prevención de hemorragias; Control de exudado y Aspectos psicossociales. **Conclusión:** se orientan, por los cuidados de Enfermería encontrados, las conductas del enfermero al realizar los vendajes de las heridas neoplásicas. Se destaca, sin embargo, un importante aspecto que evidencia el compromiso psicossocial que envuelve al paciente con herida neoplásica, considerando este, también, un cuidado de Enfermería a ser realizado. **Descriptor:** Enfermería; Cuidados Paliativos; Heridas y Lesiones; Neoplasias; Enfermería Oncológica; Atención de Enfermería.

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INTRODUCTION

It is known that, in Brazil, there is an increasing demand for cancer care. It is estimated that for the biennium 2016-2017, approximately 600 thousand new cases of cancer.¹ Among the cancer patients, about 40 million need annual palliative care.²

It is necessary to offer the patient, within this perspective, the possibility of its insertion in the modality of oncologic palliative care. It is understood that the cancer patient, as well as any disease whose possibility is death, should initiate follow-up by the palliative care team at an early stage, that is, from the diagnosis of the disease.³ The quality of life of patients and their families is promoted through palliative care, in the face of diseases that threaten the continuity of life, through prevention and relief of suffering.²

The most common signs and symptoms of cancer and the treatment of chemotherapy and radiotherapy, such as: pain, fatigue, dyspnoea, cognitive and behavioral changes, anorexia and cachexia, nausea / vomiting and neoplastic wounds.⁴ The quality of life of the patient is affected by the neoplastic wounds due to the friable characteristics, being an important symptom to be taken care of by the Nursing team.⁴

The presence of neoplastic wounds is common in patient care in Oncology, and studies show that about five to ten percent of oncology patients will present some type of tumor wound, either by tumor growth or proliferation of malignant cells in the last six months of life.⁵

Neoplastic wounds are caused by infiltrations of malignant tumor cells into the skin structure.⁶ This leads to irregular growth of tumor cells, which invade the structures of the skin, breaking the integument and causing infiltration into the dermis and epidermis.⁷ It is reported that the most common symptoms in wounds are: fetid odor, local pain, erythema and purulent exudate.⁸ The daily life of the patient is affected by the odor and appearance of the neoplastic wound, causing a feeling of shame and leading to social isolation.⁹

Therefore, there is a neoplastic wound in the patient in palliative care as a health problem that requires the attention of the Nursing team. It is understood that, because it aesthetically affects the patient, the suffering goes beyond the physical, shaking the psychological and disrupting the social life. It is believed that, although it is not possible to cure, performing Nursing care to the wound

provides the minimization of symptoms, especially exudate and odor.

It is questioned: What evidence on Nursing care performed on neoplastic wounds of cancer patients under palliative care?

It is understood that the discussion of the topic is important to assist nurses in decision making on the best ways to care for the patient with neoplastic wound, mainly to the nursing care of the one who does not present a perspective of cure.

OBJECTIVE

- To discuss nursing care related to neoplastic wounds in patients in palliative care.

METHOD

It is a bibliographical study, type integrative literature review. For the development of this review, the six stages were covered: 1) Establishment of a hypothesis or question of research; 2) Sampling or search in the literature; 3) Categorization of studies; 4) Evaluation of studies included in the review; 5) Interpretation of results; 6) Synthesis of knowledge or presentation of the review.¹⁰

It is highlighted as a guiding question or hypothesis of the study: what evidence on Nursing care performed on neoplastic wounds of cancer patients under palliative care?

The selection of the articles was done through the definition of queries to the electronic databases Latin American and Caribbean Literature (LILACS), through the Virtual Health Library (VHL); MEDLINE, through the portal of CAPES and Cochrane journals, using the descriptors: "palliative care" [AND] "injuries and injuries" for the LILACS database, and "wounds and injuries" [AND] Palliative Care, for MEDLINE and Cochrane.

The following filters were used: language, including only publications in Portuguese, Spanish and English, with a temporal cut of publications of the last five years (2012 to 2017).

Inclusion criteria were: unpublished, original publications that addressed the topic of nursing care in oncological wounds to the patient in palliative care. Duplicate studies and those that did not respond to the guiding question were excluded. The study was searched in the period from November 15 to 20, 2017.

The selected articles were classified, according to the levels of evidence, with the purpose of assisting in the selection of the

results with the greatest impact. It is recommended, therefore, that the characterization be performed in a hierarchical way, according to the research design: level I - meta-analysis of multiple controlled and randomized clinical studies; level II - individual and experimental research; level III - quasi-experimental studies; level IV - descriptive (non-experimental) or qualitative studies; level V - case or experience reports and level VI - expert opinions.¹⁰

A total of 245 publications were identified by the combination of the descriptors and the filters. The articles were initially selected by reading the title and abstract. In this stage,

25 articles were addressed that dealt with the subject matter and, after reading the texts in full, only eight articles addressed the objective and the guiding question of this study, and a duplicate article was withdrawn, obtaining a total of seven articles for descriptive analysis.

RESULTS

Seven articles were selected that met the pre-established criteria. Thus, data were collected from the periodical of the publication, the level of evidence of the study, the main author, the objective and the main evidence (Figure 1).

Article	Journal/NE	Authr/Year/Language	Objective
A1	Acta Paulista of Nursing/IV	Castro, MCF/2016/Portuguese ¹¹	Develop and validate a terminological subset regarding tumor wounds.
A2	Nursing the clinics/IV	Tilley, C/2016/English ¹²	To present a framework to assist professionals in treating malignant fungal lesions.
A3	Cleveland Clinical Journal of medicine/IV	Samala, R/2015/ English ¹³	Describe the RACE treatment plan to improve the quality of life and bad odor of the wound.
A4	Cogitare Nursing/V	Castro, MCF/2014/Portuguese ¹⁴	To describe the care developed in the palliative care outpatient clinic for patients with cancer oncology at a federal university hospital.
A5	Home Health care nurse on line/IV	Emmons, Kevin/2014/English ¹⁵	Apply the plan of care in the treatment of wounds.
A6	Ana Nery Nursing School Journal/IV	Gozzo, TO/2014/Portuguese ¹⁶	To characterize the sociodemographic profile of women with breast cancer who present MVL (malignant vegetative lesion) and the coverages used.
A7	Curr Opin Support Palliative care/IV	Grocott, Patricia/2013/English ¹⁷	To describe electrochemotherapy in odor control in MVL.

Figure 1. Distribution of articles according to the journal, level of evidence, author, year, language and objectives. Niterói (RJ), Brazil, 2017.

As a result, a total of 57% of international articles and 43% of national articles were obtained. The same proportion was found in the distribution of languages in English and

Portuguese, respectively. 42.85% of the articles were published in 2016; 28.57% in 2014; 14.28% in 2015 as well as in 2013.

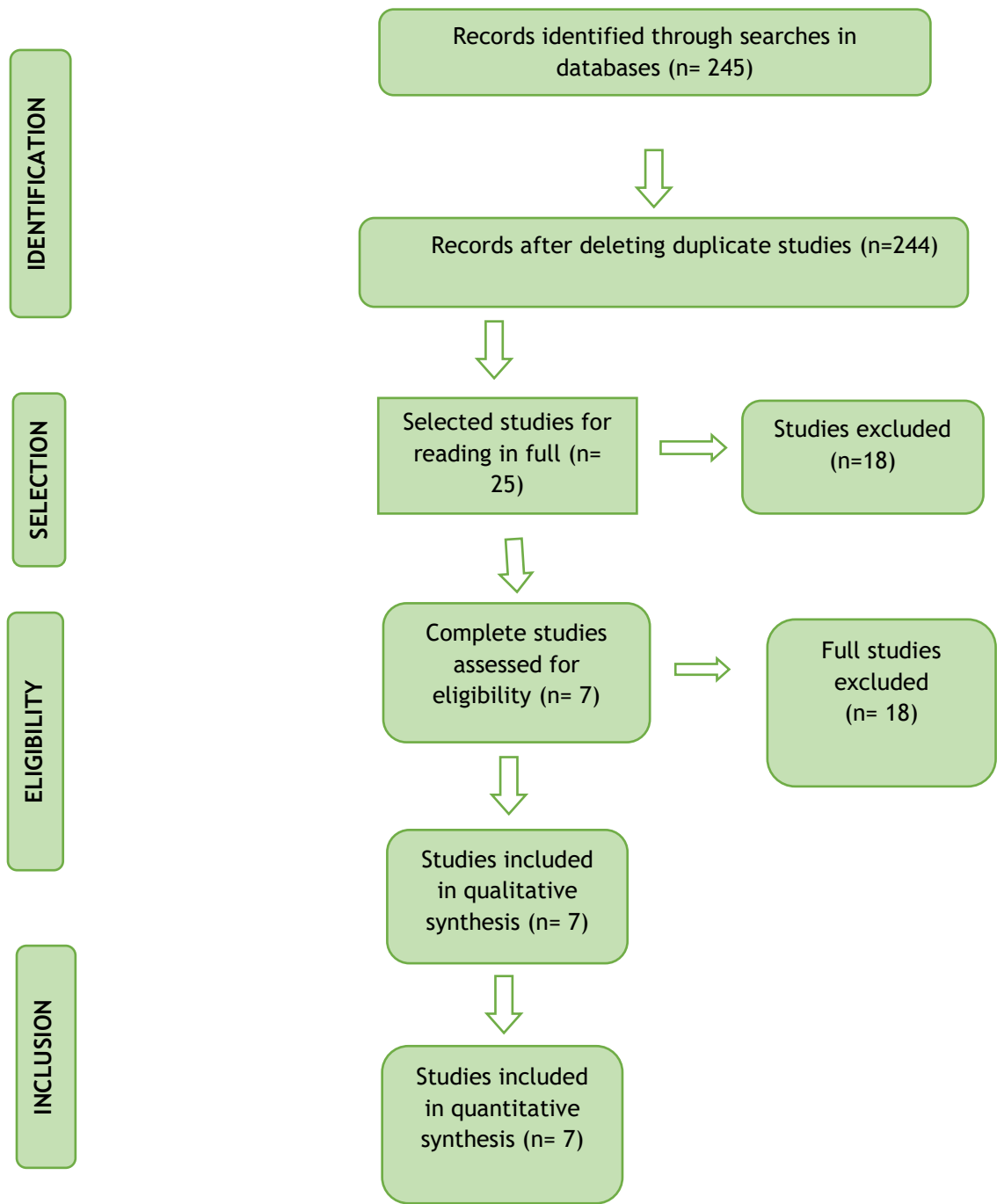


Figure 2. Flowchart of the study selection. Rio Doce (PE), Brazil, 2018.

Next, in figure 3, the other data extracted from the selected articles related to the main symptoms and Nursing care cited in each of them.

Article	Symptoms covered	Main nursing care
A1	Pain, bleeding, odor and psychological appearance. ¹¹	Psychological: assess signs of stress and depression, indicate aromatherapy, music therapy, occupational therapy. Pain: use of opioids, abundant irrigation in the wound bed, use of saline or distilled water, use of local antibiotics, use of topical anesthetics (lidocaine gel), care in removing the dressing. Odor: use of bactericides (silver, honey, metronidazole), activated charcoal, absorbent dressings and antiseptic solutions. Around the skin: protect with zinc oxide, silicone-based oil, Cavilon, cream barrier. Bleeding: careful removal of dressing, local compression, use of silver nitrate, epinephrine, calcium alginate.
A2	Pain, exudate, odor and bleeding. ¹²	Local pain: adequately choose the cover used to avoid local pain and injury secondary to the removal of dressings. Chronic pain: use of anti-inflammatory and high-potency opioids, use of local lidocaine. Exudate: use of alginate coating, polyurethane foam and hydrofibre. Odor: cleaning with distilled water or antiseptic solution, use of bactericide, such as metronidazole cream and toppings enriched with silver. Bleeding: non-adherent coatings and bleeding control with: local epinephrine, sucralfate paste, silver nitrate and aminocaproic acid.
A3	Odor ¹³	Removal of necrotic tissue, use of bactericidal (metronidazole gel, silver sulfadiazine, neomycin, honey, yoghurt), control of exudate with nonadherent and absorbent coatings. Use of aromatizers. Education and family support.
A4	Odor, exudate, bleeding, pain, necrosis,	Odor: perform debridement and clean the wound (clean or saline solution), guide the exchange of dressings, give guidance to the family and the patient, evaluate / apply local antibiotics, guide the use of flavorings and refrigeration of the

	infection and psychosocial. ¹⁴	environment. Exudate: use of dressing, wound cleaning, use of local pouch, protect wound border and evaluate / apply local antibiotic. Bleeding: use of non-adherent dressing, use of compress / cold solutions, local compression, use of hemostatic and guide the patient and family and refer to medical care and emergency service. Pain: keep the wound moist, use saline solution for cleaning, protect the margins, careful in changing dressings. Necrosis: provide debridement, perform dressing, infection control. Infection: debridement, dressing by aseptic technique, evaluating / applying antibiotic therapy. Psychosocial: offer psychosocial support, trigger multidisciplinary team, play activities, patient and family support.
A5	Pain, bleeding, pruritus, exudate and odor. ¹⁵	Creating a care plan based on patient complaints.
A6	Pain, bleeding, exudate and odor. ¹⁶	Pain: use of systemic and topical analgesia; use of local cryotherapy. Bleeding: use of adrenaline, cryotherapy, care when removing dressings, use of non-adherent toppings. In addition, local compression, use of alginate and collagen gelatin. Exudate: use of hydrofibra foam, alginate. Odor: systemic and topical metronidazole, silver sulfadiazine.
A7	Odor ¹⁷	Application of direct electrochemotherapy to the tumor promoting vessel sclerosis and tumor reduction.

Figure 3. Synthesis of studies on neoplastic wounds according to the symptoms and Nursing care described. Niterói (RJ), Brazil, 2017.

From the extraction of the data of the articles, a prevalence of symptoms related to nursing care to the neoplastic wound is evident, evidencing the following symptoms: odor (100%); report of pain (72%); presence of bleeding (72%) and exudate (57%). Symptoms appeared in relation to the psychosocial aspect, risk of infection / signs of local infection, tissue necrosis and pruritus, with rates lower than 50%.

As the most relevant data of the research, the Nursing care to be performed and the quality of life interventions were removed. In order to better organize the work, the following distinct categories were established according to the symptomology of the neoplastic wound: 1) odor control; 2) pain control; 3) exudate control; 4) prevention of bleeding and 5) psychosocial aspects related to the neoplastic wound.

DISCUSSION

◆ Odor control

The two main points in the Nursing practice of chronic injuries are described by the main nursing care indicated by the studies: first, the cleaning of the lesion and, secondly, the choice of cover to be applied.

It is pointed out, by the Nursing care, regarding the cleaning of the wound, a diversity of solutions that can be applied in this stage. Following the evaluation of the wound, the cleaning with some solution according to the nurse's evaluation is followed. In the studies, three types are highlighted: the physiological solution, ^{11,14}

the distilled water and the antiseptic solutions.¹¹⁻²

It is verified that the covers help the treatment because they have a bactericidal action and, in clinical practice, it is common the use of toppings with bactericidal actions for the improvement of the odor. The main covers described are listed: metronidazole, on presentation as a gel, cream or tablet (diluted in solution);^{11-3,16} covers with the presence of silver ¹¹⁻² added to the formula, such as silver sulfadiazine^{13,16} and neomycin is also mentioned ¹³ and activated charcoal ¹¹ as hedging options. As suggested by the authors, natural substances such as honey and yogurt, which, according to the studies, have a bactericidal action, however, these notes come from international studies¹³ and are not common in national clinical practice. The other coatings cited in Brazil are used to perform neoplastic wound dressings. Therefore, a strong relation between the odor symptom and the treatment of a local infection associated with the neoplastic wound.

The debridement¹³ (removal of necrotic tissue) is also an option, but it must be carefully evaluated by the nurse because of the high risk of bleeding. It is known that neoplastic wounds are widely vascularized and therefore avoid the removal of necrotic tissues strongly adhered to by the high risk of local bleeding.

Within this same category, an association between odor reduction and exudate control is indicated, indicating that effective exudate control correlates with odor reduction. It

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strengthens, then, as an option for the dressings, the applications of absorptive covers.¹³

In an international study, the electrochemotherapy technique for effective odor control in patients with malignant neoplasms and advanced cutaneous neoplastic wound, such as melanomas, is cited. Electrochemotherapy is provided in an antitumor therapy in which a non-permeable (ie, bleomycin) or poorly permeable (i.e. cisplatin) chemotherapeutic is administered followed by local application of electroporation.¹⁷

A reduction in vascular blockade was observed by this therapy, with consequent reduction of bleeding, reduction of exudate and bad odor.

♦ Pain Management

It is observed, for the pain control category, the Nursing care citation at the time of changing the dressing of the neoplastic wound, demonstrating a concern for the evaluation and control of pain through analgesics and local anesthetics.^{11-2,16} In the studies, the use of topical solutions / creams or oral administration of analgesic medications such as opioids and anti-inflammatories, for example, is suggested. It should be noted, however, that in Brazil, nurses can only administer medications if they are prescribed by the physician or within an institutional protocol, however, the evaluation of pain before, during and after the dressing is a care that should be valued by the nurse.

From this point of view, studies are based on simple and possible measures for the control of pain, such as: the use of non-stick coatings,¹⁴ care when removing the dressing,^{3-4,12} use of abundant solution irrigation to prevent injury secondary, as well as nerve endings;¹¹ protect the margins¹⁴ and the application of local cryotherapy.¹⁶

♦ Control of exudate

In the exudate control category, the possible association between exudate production and infection is demonstrated by the studies. The appearance and proliferation of bacteria is favored by the tumor structure itself due to cell production and the creation of new vessels by the process of angiogenesis. Infection control is associated with decreased presence of exudate. For the control of the exudate, absorbent covers such as alginate, polyurethane foam and the dressing consisting of hydrofibrate,^{13,16} and some of these coatings have a silver association that assists in the bactericidal action. Another important

aspect is exposed, which is the care with the edge of the wound, since the abundant presence of exudate can cause maceration and difficult healing, therefore, one must protect around.

♦ Prevention of hemorrhages

It has been found, in the category of bleeding control, as in the odor control category, that there is a dichotomy with regard to the use of drug conducts and non-drug conducts. Non-drug conducts include: care in removing dressings; abundant irrigation; the use of non-adherent toppings;^{12,16} the use of local compression^{14,16} and the use of cryotherapy.¹⁶ The use of silver nitrate, adrenaline (epinephrine) and aminocaproic acid applied to the wound bed.^{11-2,16}

The use of calcium alginate and haemostatics, such as Surgicel, is suggested as a cover to be used by the nurse in the control of bleeding”.

♦ Psychosocial aspects

Finally, the studies that point out the category that addresses the psychosocial aspects associated with Nursing care to the palliative patient with neoplastic wound are added. In this category, aspects related to the patient and the family appear. It is necessary to elaborate, to the patient, a plan of care that meets the need reported by him.¹⁵

It is important to offer psychological and emotional support and activities that support self-esteem, so studies suggest, for example, aromatherapy, music therapy and occupational therapy.^{11,14} Nursing is highlighted in this area due to the care-oriented line of actions that include workshops and support groups.

It is important to emphasize, as regards family care, that it is important for nurses to teach how to assist in performing the patient's dressings and to insert as an icon in the care plan.¹⁵ The patient is needed at this moment of family support and the nurse can act by becoming a link between the patient and the family and helping to overcome the difficulties of dealing with the presence of the tumor.¹³

CONCLUSION

It aims to contribute to a better quality of life through Nursing care of the neoplastic wound, especially in the patient in palliative care. In this study, through the integrative review, the Nursing care notes that can be implemented to improve the way of dressing the dressings.

It was possible to find the answer of the question addressed, emphasizing the need for

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studies with better levels of evidence since only Level IV studies (non-experimental or qualitative descriptive studies) and V (case or experience reports) were found do not present generalization power.

With the elaboration of the categories, the most prevalent symptoms can be associated and discuss the best Nursing conducts to be taken. There is also an important aspect related to the psychosocial issues of the patient presenting with a neoplastic wound. It is pointed out that a Nursing intervention is also possible in this area.

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