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Management of skin cancer in solid organ transplant recipients

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Text:

Skin cancers are the most frequent malignancies in organ transplant recipients. The great majority of these tumors are non melanoma skin cancers (NMSC), like basal cell carcinoma (BCC) or squamous cell carcinoma (SCC), arising most often on the sun-exposed head and neck. The field cancerization generally affecting the sun-exposed areas of these patient determines an high risk of developing (NMSC). A multi-disciplinary approach is required to manage this pathology, involving new dermatological therapies, accurate management of the immunosuppressive regimen, and education of the patient for sun-protection. As regards treatment, surgical excision remains the mainstay of therapy of low-risk NMSC, though Mohs micrographic surgery is the gold standard for high-risk NMSC, but a non-invasive approach is required to treat large areas of actinic keratoses (AK) and subclinical lesions. In elderly patients who are either not surgical candidates or refuse to undergo surgery for their skin cancers, imiquimod cream, a 5% is a topical immune response modifier that targets the toll-like receptors 7 and 8 and up-regulates inflammatory pathways targeting diseased tissue, can be useful. However, in certain circumstances a revision of immunosuppression regimen is required. Radiotherapy in the management of organ transplant recipients can be either curative or adjuvant, and can be indicated in elder patients. Curettage and electrodesiccation are a useful alternative in these patients for appropriately selected low-risk SCCs. Photodynamic therapy (PDT) is indicated for the treatment of superficial BCCs, AKs, and SCC in situ. If properly used, it appears that PDT may be capable of achieving clearance rates comparable to radiation therapy for BCC, but clearance rates remain inferior to that of surgical excision and Mohs' surgery, for which recurrence rates have been reported to be less than 10%.

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