Skin manifestations in systemic disorders
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Solid organ transplant patients - SOTR

• Most efficacious primary prevention skin cancer SOTR: **AGGRESSIVE SUN PROTECTION**

• **MELANOMA**
  • 8.4% skin cancer: melanoma
  • Melanoma mortality is increased in STORs
  • **Checkpoint inhibitors in SOTR can be used**
  • **Intralesional immunotherapy in SOTR can be potentially considered**

• **LYMPHOMA**
  • **Acral CD8+ lymphoma**
  • Indolent CTCL carry worse prognosis in OTR

_Cutaneous atypical papular CD8+ lymphoproliferative disorder at acral sites in a renal transplant patient._
Baykal C¹, Büyükbabani N², Seçkin D³, Polat Ekinci A¹, Yılmaz Z¹, Kempf W⁴.
SOTR II

- **PEDIATRIC PATIENTS**
  - Voriconazole seems to be a **risk factor for skin cancer in paediatric patients**
  - Trichodysplasia spinulosa is a primary infection which can be diagnosed by skin scraping (no need for biopsy)

- **MERKEL CELL CARCINOMA**
  - Increases incidence → 16% last decade
  - Immune therapy can be considered

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Clinical characteristics of Merkel cell carcinoma at diagnosis in 195 patients: the “AEIOU” features

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SOTR III

- NEW NON-INVASIVE OPTICAL IMAGING
  - Map neoplasms: **Hyperspectral**
  - Reduce biopsies: **Con Focal**
  - Monitor therapy: **OCT** – deeper images in the skin / 3D OCT / Miniature ten-dollar OCT / Wide-field OCT

- PHOTODYNAMIC THERAPY
  - **Pretreatment** either with 5FU or physical – higher rates of responses (classic and day-light PDT)
  - **Combination** of Vismodegib and PDT – high rates of response in multiple BCC
  - Vitamin D as neoadjuvant: improves response in BCC patients
  - Lower radiation and less incubation time as well as two-step irradiance treatment: reduces pain in PDT with equal efficacy
  - **Preventive cyclic primary PDT** in renal transplant patients

Innovations and Developments in Dermatologic Non-invasive Optical Imaging and Potential Clinical Applications

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SOTR IV

• SKIN PREVENTION:
  • Oral agents:
    • **Nicotinamide** 500mg BID: many AK + field therapy
    • Retinoids: many AK or few SCC - acitretin
    • Capecitabine 500-1500mg/m2/day: many SCC. Reduces NMSC burden
  • PSORIASIS
    • Tacrolimus: possible treatment for SOTRs with psoriasis
    • mTOR inhibitors: maybe useful. Patients have higher risk of overall mortality
    • Mycophenolate mofetil: maybe useful
SOTR V

• NAILS:
  • 60% STOR – nail disease
  • Absence of the lunula – most fq
  • 85% SOTR affected with HPV by 5 years post-tx regardless of immunosuppressive agent
  • 13-25% onychomycoses – deeper. Think about fusarium – itraconazole/posaconazole/voriconazole
  • Nail scabies: important focus for re-infection
  • SCC the most frequent nail apparatus cancer