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Multiple non-melanoma skin cancers during 43-years long therapy with azathioprine in renal transplant recipient

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Figure 1A–C. A 75-year-old patient presented with numerous skin lesions on the limbs and trunk morphologically consistent with SCC and BCC

Non-melanoma skin cancers (NMSC), mainly squamous cell carcinoma (SCC) and basal cell carcinoma (BCC), account for over 90% of all skin cancers in solid organ transplant recipients. NMSC incidence steadily increases over time following transplantation, mainly due to exposure to long-term immunosuppression and additional factors such as ultraviolet radiation, ionizing radiation and human papillomavirus (HPV) infection [1–2]. A 75-year-old patient presented with numerous skin lesions on the limbs and trunk morphologically consistent with SCC and BCC (Fig. 1A–C). In the 1970s he was diagnosed with end-stage renal failure, likely due to chronic glomerulonephritis. After months of dialysis, a kidney transplant from a deceased donor was performed in 1980. Since the transplantation he has been on continuous immunosuppressive therapy (azathioprine 50 mg once daily and prednisone 5 mg once daily). This regime is currently known to have strong carcinogenic effects with long-term use [3]. The most suspicious skin lesions on his right thigh, left arm, and left submandibular area were removed with a few millimeters margins and were histologically confirmed as SCC *in situ* (right thigh) and BCC (left arm and left submandibular area). Apart from these three lesions, patient had multiple SCCs and BCCs removed over past decades. Ongoing immunosuppression, coupled with the current condition of his skin (Fig. 1A–C), suggests that new foci of NMSC are expected to develop in the near future. This case clearly emphasizes the urgent need for strict and systematic skin monitoring of organ transplant recipients on long-term immunosuppressive therapy, considering the increased risk of developing NMSC. Awareness of this risk, along with early detection and intervention, significantly improves the general prognosis and quality of life for these patients.

References

1. Basal and Squamous Cell Skin Cancer Risk Factors. American Cancer Society. 2009. www.cancer.org/cancer/types/basal-and-squamous-cell-skin-cancer/causes-risks-prevention/risk-factors.html (03.2024).
2. Kulbat A, Richter K, Stefura T, et al. Systematic Review of Calcineurin Inhibitors and Incidence of Skin Malignancies after Kidney Transplantation in Adult Patients: A Study of 309,551 Cases. Curr Oncol. 2023; 30(6): 5727–5737, doi: 10.3390/curroncol30060430, indexed in Pubmed: 37366913.
3. Kauffman HM, Cherikh WS, McBride MA, et al. Post-transplant de novo malignancies in renal transplant recipients: the past and present. Transpl Int. 2006; 19(8): 607–620, doi: 10.1111/j.1432-2277.2006.00330.x, indexed in Pubmed: 16827677.

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