

A Importância de Clínicas Dermatológicas Dedicadas no Atendimento de Receptores de Transplantes de Órgãos

The Importance of Dedicated Dermatology Clinics in the Care of Organ Transplant Recipients

João Borges-Costa^{1,2}, MD, PhD, Günther FL Hofbauer³, MD

¹Unidade de Investigação em Dermatologia, Faculdade de Medicina, Universidade de Lisboa, Lisboa, Portugal

²Clínica Universitária de Dermatologia de Lisboa, Hospital de Santa Maria, Lisboa, Portugal

³Dermatology Department, University Hospital Zurich, Zurich, Switzerland

PALAVRAS-CHAVE – Conhecimentos, Atitudes e Prática em Saúde; Hospedeiro Imunocomprometido; Neoplasias da Pele; Raios Ultravioleta/efeitos adversos; Transplantados; Transplante de Órgãos.

KEYWORDS – Health Knowledge, Attitudes, Practice; Immunocompromised Host; Organ Transplantation; Skin Neoplasms; Transplant Recipients; Ultraviolet Rays/adverse effects.

Organ transplant recipients have a high risk of skin cancer associated with immunosuppressive therapy and ultraviolet radiation. The incidence of non-melanoma skin cancer, in particular is up to 65-times higher than for the normal population. Field cancerization of sun-exposed skin is also a major health issue in these patients.¹

In Portugal there were 895 solid organ transplants in 2017, with the majority being kidney (529) and liver (259).²

There are already several publications concerning skin cancer in Portuguese organ transplant recipients, reporting a prevalence of non-melanoma skin cancer ranging from 15% to 25% in renal transplant recipients³⁻⁵ and 8% in one series⁶ that included more liver transplant recipients with relatively less immunosuppression.

The sunny geographical location and sun exposure habits, namely the poor knowledge and adherence to photoprotective measures, such as hats, long-sleeved clothes or sunscreen while on outdoor work or leisure activities, pose serious difficulties for skin cancer prevention in this population. In one study concerning knowledge of sun protective measures in a population of Portuguese transplant recipients,⁷ 29% did not know that their risk of skin cancer was increased, and 25% of those who went to the beach stayed there between 11.30 and

16:00 pm. Not surprisingly, only 8% consulted a dermatologist in the first year after transplant.⁷

Different organizations like the Skin Care in Organ Transplant Recipients - Europe (SCOPE) or the International Transplant Skin Cancer Collaborative (ITSCC) together with institutions such as the British National Institute for Health and Clinical Excellence (NICE),⁸⁻¹⁰ recommend initial assessment of these patients by a dermatologist and providing them with education on photoprotection and self-examination of the skin. These patients also need regular follow-up with time intervals defined by their previous history of skin cancer and the presence of field cancerization of their sun-exposed skin. In such patients with previous skin cancer and detectable field cancerization, some authors¹¹ propose three months as time interval between appointments.

Dedicated or specialist dermatology clinics for organ transplantation are recommended,^{11,12} and have also been shown to improve compliance with photoprotection.¹³ Their introduction in the main Portuguese referral hospitals for transplantation would allow earlier dermatological care, inclusion of dermatology among the specialties that collaborate in the transplant teams and reduction of the burden of skin cancer in these patients, saving lives and costs.

Correspondência: João Borges da Costa
Departamento de Dermatologia - Hospital de Santa Maria
Avenida Prof. Egas Moniz
1649-028 Lisboa, Portugal
E-mail: joaobc77@hotmail.com
DOI: <https://dx.doi.org/10.29021/spdv.76.4.981>

Recebido/Received
21 Agosto/August 2018
Aceite/Accepted
5 Novembro/November 2018

Editorial

Conflitos de interesse: Os autores declaram não possuir conflitos de interesse.

Suporte financeiro: O presente trabalho não foi suportado por nenhum subsídio ou bolsa.

Conflicts of interest: The authors have no conflicts of interest to declare.

Financing Support: This work has not received any contribution, grant or scholarship.

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