

## **Dermatology Review and Skin Cancer Prevalence in a Kidney Transplant Patient Cohort**

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Dear Editor,

An increased incidence of malignancy, particularly skin cancers, is a well-established complication of kidney transplantation and immunosuppressive medication use. An Irish study found that skin cancers accounted for 88% of cancers in the renal transplant recipients with the risk for invasive SCC increased 82-fold compared with the non-transplanted population.<sup>1</sup> The UK based NICE guidelines recommend that all transplant patients should have an annual review by a dermatologist and that transplant patients who have precancerous skin lesions or who have developed a skin cancer should be seen in a dedicated 'transplant patient skin clinic'.<sup>2</sup>

We set out to examine the prevalence of skin cancer and dermatology attendance in our kidney transplant patient cohort at the Midlands Regional Hospital Tullamore (MRHT). A retrospective chart review included demographic data, the duration of the transplant(s), attendance at dermatology services and prevalence of skin cancer including the histological subtype. Only patients with functioning renal transplants were considered. A total of 58 transplant patients attending nephrology services were assessed. One patient was lost to follow-up and was excluded. The remaining 57 patients (39 male, 18 female) were aged between 27 and 81 (mean age 53.7). The duration of kidney transplant varied between one to 35 years (mean duration of 7 years). 9/57 patients had a histological diagnosis of skin cancer (15.8%). Of these patients, all had at least one squamous cell carcinoma (SCC) and 3 had at least one diagnosed basal cell carcinoma (BCC). There was a total of 25 skin cancers in this group (20 SCC, 5 BCC). There was no recorded diagnosis of melanoma. Only two of the 57 patients attend a dermatology outpatient service (3.5%).

As expected, skin cancer was found to be a significant issue in our patient cohort. Attendance at dermatology clinics was poor reflecting the lack of local provision of services. Post-transplant skin malignancies are likely to become more prevalent with longer duration of patient and graft survival and the duration of immunosuppressive medication exposure as well as the increasing age of recipients at the time of transplantation. Dermatology follow-up is an integral part of care following renal transplantation.

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