

ARCH. DERMATOL. 2004 140/9

皮肤病学文献

0122. Immunosuppressive level and other risk factors for basal cell carcinoma and squamous cell carcinoma in heart transplant recipients

Fortina A. B. / Piaserico S. / Caforio A. L. P. et al.
[Dr. S. Piaserico, Unit of Dermatology, Dept. of Med. and Surgical Sciences, University of Padua, Via Cesare Battisti, 206, 35128 Padua, Italy] – ARCH. DERMATOL. 2004, 140/9 (1079 – 1085)

Objectives: To examine risk factors for the development of squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) in a cohort of heart transplant (HT) recipients and, in particular, to evaluate the role of the cumulative doses of different immunosuppressive drugs. **Design:** Prospective nonconcurrent study. **Setting:** A dermatology clinic at a university hospital. **Patients:** A total of 230 HT recipients 18 years or older at the time of transplantation with at least 3 years of follow-up. **Main Outcome Measures:** The risk of SCC and BCC in HT recipients and the relationship between development of SCC and BCC and cumulative doses of different immunosuppressive agents, controlling for other potential risk factors (age, sex, sunlight exposure, skin type, and presence of warts). **Results:** The cumulative immunosuppressive drug dose 3 years after transplantation (calculated by a weighted linear combination of azathioprine, cyclosporine, and corticosteroid cumulative doses [WLC]) was independently associated with an increased risk of developing SCC but not BCC. On multivariate analysis, patients receiving a WLC higher than the 75th percentile 3 years after HT had a 4 times higher risk of SCC than recipients of a WLC lower than the 50th percentile 3 years after HT (95% confidence interval, 1.4 – 11.4; $P = .008$). Other significant risk factors for SCC development were older age at transplantation and a greater occupational sunlight exposure. The risk of developing BCC was only associated with older age at transplantation and skin type II. **Conclusions:** The risk of SCC but not of BCC in

HT recipients was related to the level of global immunosuppression rather than to 1 specific drug. The level of immunosuppression should be kept as low as possible consistent with survival and function of the transplanted organ.

心脏移植患者基底细胞癌和鳞状细胞癌的免疫抑制水平及其他危险因素

目的: 评估心脏移植 (HT) 患者发生基底细胞癌 (SCC) 和鳞状细胞癌 (BCC) 的危险因素, 尤其是不同免疫抑制剂的累积剂量作用。设计: 前瞻性非平行研究。地点: 一所大学的皮肤科临床。对象: 全组 230 例不小于 18 岁的 HT 患者至少随访 3 年。方法: 心脏移植患者发生基底细胞癌和鳞状细胞癌的危险性及不同剂量免疫抑制剂的累积剂量与发生 SCC、BCC 的关系, 对照其他危险因素如年龄、性别、日光暴晒、皮肤类型及病毒疣的发生情况。结果: 心脏移植后 3 年免疫抑制剂的累积剂量 (以联合应用硫唑嘌呤、环磷酰胺、糖皮质激素的剂量计算进行线性加权) 只与 SCC 相关, 而与 BCC 无关。多变量分析显示, 移植后 3 年接受免疫抑制剂治疗 WLC 大于 75% 的患者比 WLC 小于 50% 的患者发生 SCC 的危险性高 4 倍 (95% CI 1.4 ~ 11.4, $P = 0.008$)。其他有显著性差异的是接受移植时年龄较大、较多的日光暴晒者发生 SCC 的危险性较大, 发生 BCC 的危险性只与接受移植时年龄较大、II 型皮肤有关。结论: 心脏移植患者发生 SCC 的危险性与机体的整体免疫功能抑制而不是某一种药物有关, BCC 的发生危险性与此无关。在确保移植器官存活及其功能正常的前提下, 应当最低限度地避免应用免疫抑制。

0123. Surgical margins for lentigo maligna and lentigo maligna melanoma: The technique of mapped serial excision

Huigol S. C. / Selva D. / Chen C. et al. [S. C. Huigol, Wakefield Clinic, 270 Wakefield St., Adelaide, SA 5000, Australia] – ARCH. DERMATOL. 2004, 140/9 (1087 – 1092)

Objectives: To assess the margins required for excision of lentigo maligna (LM) and lentigo maligna melanoma (LMM) by the technique of mapped serial excision (MSE), and to assess the efficacy of MSE. **Design:** An