

AUTOIMMUNE CONNECTIVE TISSUE DISEASES

ONCOLOGIC COMORBIDITIES IN LOCALIZED SCLERODERMA

I Khamaganova⁽¹⁾ - N Potekaev⁽²⁾ - I Trofimova⁽³⁾ - M Bobrov⁽⁴⁾ - R Zhukovskii⁽⁵⁾

Pirogov Russian National Medical University, Skin Diseases And Cosmetology, Moscow, Russian Federation⁽¹⁾ - Moscow Research And Practical Center For Dermatovenereology And Cosmetology, Head, Moscow, Russian Federation⁽²⁾ - A.i.yevdokimov Moscow State University Of Medicine And Dentistry, Dermatovenereology, Moscow, Russian Federation⁽³⁾ - Moscow Research And Practical Center For Dermatovenereology And Cosmetology, Patomorphology, Moscow, Russian Federation⁽⁴⁾ - Moscow Research And Practical Center For Dermatovenereology And Cosmetology, Central, Moscow, Russian Federation⁽⁵⁾

Introduction: Patients with localized scleroderma have variable comorbidities. Though the association with neoplasia is rare, it can influence dramatically on the course of scleroderma. Tumorous cells may induce cytotoxic and autoantibody response.

The objective: was to compare the clinical picture, histopathological features, immune characteristics, capillaroscopy changes in usual localized scleroderma and in localized scleroderma associated with neoplasia.

Materials and Methods: since January 2011 till September 2018 we examined 179 patients with localized scleroderma. The Charlson Comorbidity Index (CCI) was calculated from patient-completed questionnaires and medical record review.

Results: the average CCI was 2.55 ± 0.05 . 4 patients suffered from oncologic pathology: breast cancer, ovarian cancer, uterine cancer, rectal cancer. In every case concurrent scleroderma and tumor seemed to develop independently of each other. The clinical and histological pictures were similar in usual localized scleroderma and in localized scleroderma associated with neoplasia. No substantial difference was noted in immune characteristics and capillaroscopy changes.

Conclusion: the results prove the relative rarity of localized scleroderma associated with neoplasia as well as the absence of any clinical, morphological, immune differences between usual localized scleroderma and localized scleroderma associated with neoplasia was noted.