ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

SKIN CANCER (OTHER THAN MELANOMA)

COMPLETE CLINICAL RESOLUTION OF AN HPV-POSITIVE BOWENOID INVASIVE SQUAMOUS CELL CARCINOMA IN AN HIV-INFECTED PATIENT AFTER A SINGLE SESSION OF ELECTROCHEMOTHERAPY

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Background: Digital squamous cell carcinoma arising in immunocompromised patients may be recalcitrant to conventional therapies.

Observation: In May 2015, a 55-year-old white male under anti-retroviral therapy with atazanavir (200mg BID) plus FTD/TDF because of HIV-1 infection (diagnosed 30 years before), HCV co-infected, presented with extensive periungual vertucous lesions involving the distal phalanx of nearly all fingers of both hands. Several home and hospital-based treatments were attempted (liquid N2, salicylic acid, imiquimod), with no effects. Subsequently, the patient did not come back for follow-up control visits. In May 2018, he came back to our Clinic complaining for pain and inability. His lesions had worsened, with increased lesion volume and dissemination. The patient was subjected to a punch biopsy of one of the ungula lesions, an ultrasound examination, and blood exams (294 CD4+T cells/ml; HIV-RNA 134 copies/ml; HCV-RNA 6330436 Ul/ml). Histopathological evaluation revealed a Bowen disease. Ultrasound examination showed alteration of the subcutaneous tissue of the distal phalanges due to a neoformation that partially involved the bone. Because of the failure of previous conventional treatments (including amputation of distal phalanx of first finger of left hand), electrochemotherapy (ECT), which uses electroporation to increase cell membrane permeability to a chemotherapeutic agent, was attempted (in this case bleomycin at 15,000 UI/m2 was used). In July 2018, right before ECT procedure, an excisional biopsy was taken from the main lesion (second finger of left hand). Histopathological evaluation showed a bowenoid invasive carcinoma. Molecular analysis of the formalin-fixed-paraffin-embedded tissue evidenced the presence of HPV16. In September 2018, two months after ECT treatment, a complete clinical resolution of the





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lesions of both hands was observed.

Key message: ECT was successful in treating multiple digital cancerous lesions of an immunosuppressed patient. Complete resolution of the lesions occurred after a single treatment, and further finger amputations were avoided.



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