



SKIN CANCER (OTHER THAN MELANOMA)

INFECTIONS AND RELATED RISK FACTORS IN SÉZARY SYNDROME: A RETROSPECTIVE COHORT STUDY OF 113 PATIENTS.

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Introduction: Patients with Sézary Syndrome (SS) are at high risk of infection. Due to the immunosuppression induced by the disease itself, infections occurred frequently, evolving in sepsis and being a common cause of exitus.

Objective: to describe infectious occurrences in a large series of SS patients (n=113); to identify the most frequent infections, based on the type of infectious agents, site of involvement, time of onset; to investigate the principal risk factors for infections; to evaluate if the infectious disease development is related to an unfavourable prognosis, and consequently with a decreased survival.

Materials and Methods: 113 patients met the criteria of ISCL / EORTC for SS from October 1976 to December 2017.

Results: 68% of the patients presented at least one infection. In this cluster, we described 206 infectious occurrences; 96/206 were on the skin. The most isolated agents were viruses (HSV), followed by bacteria (Staphylococcus spp).

Most frequent systemic infections were bloodstream infections (40/206), followed by pneumonia (35/206). Skin infections occurred after an average of 0.87 years from diagnosis, extracutaneous ones occurred 1.07 years after diagnosis of SS (p = ns).

In univariate analysis, the factors associated with a significant increased risk of infections were: chemotherapy and/or alemtuzumab (p=0.04) and the number of chemotherapy lines (p=0.0049).

Conclusions: The loss of skin barrier function, the severe immunodepression due to the immunological setting of the SS, and the use of chemotherapies, contribute to the onset of these complications. Infections should be taken in consideration when looking at the survival risk of our patients as well as when planning a therapeutical setting.

