



SKIN CANCER (OTHER THAN MELANOMA)

PREVENTIVE STRATEGIES OF NON-MELANOMA SKIN CANCERS (NMSC) IN SOLID ORGAN TRANSPLANT PATIENTS IN MYANMAR

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Introduction: Advances in medical, surgical, immunological and physiological intersections have led to a dramatic increase in number of transplant centers world wide including South East Asia. On the other side, successful organ transplantations carry the risk of direct and indirect consequences of long termed immunosuppression, notably malignancies. In Myanmar, organ transplantation is still in its infancy. Transplant dermatology clinics are also not well developed, and adequate facilities and funding are still lacking. However, with more and more successful organ transplantations, incidence of skin cancers is starting to rise among Myanmar people in recent years. This study focuses on different approaches to prevention of NMSC in organ transplant recipients.

Objectives: To reduce the possible burden of non-melanoma skin cancers on solid organ transplant patients in Myanmar

Materials and Methods: A systematic literature review was conducted to determine appropriate management plans for organ transplant patients.

Results: Primary prevention includes pre-transplant dermatologic screening, health education about self-skin examination, photo-protection programs, and HPV vaccination while secondary prevention strategies involve treatment of precancerous skin lesions with topical chemo-preventive agents such as imiquimod, 5- fluorouracil, ingenol mebutate, 3% diclofenac gel, as well as with systemic agents such as retinoids, Difluoromethylornithine (DFMO), nicotinamide, capecitabine and photodynamic therapy (PDT). Modification of immunosuppressive regimens and post transplant surveillance are also considered as parts of secondary prevention program.

Conclusions: It can become a major burden to provide optimal dermatological care to high-risk population in transplant medicine, especially in low-income countries. The most important step is to raise the awareness of post-transplant skin cancers among patients and health care providers. Close liaison and communication among dermatologists, transplant





physicians and nurses will be necessary to accelerate consultation and management for patients with new skin concerns.

