



SKIN CANCER (OTHER THAN MELANOMA)

## **SQUAMOUS CELL CARCINOMA IN PATIENT POST LIVER TRANSPLANTATION: CASE REPORT**

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Background: Patient K.W., 71 years old, female, underwent two surgeries for liver transplantation in 2002 and 2007, she reports that after the second transplant, she presented a lesion on the left side and was in the use of Tacrolimus and Myfortic, treated surgically. After 48 days postoperative, the patient sought care because of bulging in the cicatricial region, and an incisional biopsy was performed. The anatomopathological study evidenced atypical squamous cells deeply, suggesting carcinoma recurrence.

The patient underwent computerized tomography of the paranasal sinuses and neck for better visualization of the lesion and a nodular image measuring 2.8 cm x 2.3 cm was found, with absence of regional lymph nodes and metastasis. The resection of the lesion was performed, and by the anatomopathological study, Squamous cell carcinoma (SCC) grade 1 was confirmed. The patient evolved well, without lesion recurrence.

Observation: In this case, the patient underwent intravenous liver transplantation and after a few years developed SCC. The lesion was located on the face, a common feature of the disease, as it is an area exposed to solar radiation. In the literature, an association between SCC and some immunosuppressants has been described, and this is an additional factor presented by the patient for the development of SCC. In addition her age, 71, since in the literature it is already considered a risk factor for the development of these lesions, as well as the appearance of this in a period of 5 to 10 years after transplantation.

Key message: Squamous cell carcinoma (SCC) is a non-melanoma skin cancer, which occurs commonly due to sun exposure, but also in immunosuppressed patients. Thus, the number of transplanted patients who use immunosuppressants continuously can develop SCC, which makes necessary the criterious follow up for early diagnosis.

