ABSTRACT BOOK ABSTRACTS



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SKIN CANCER (OTHER THAN MELANOMA)

TRANSITORY AURICULAR NODULES: A NEW ADVERSE REACTION IN THE FIELD TREATMENT OF ACTINIC KERATOSIS

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Introduction: Actinic keratoses (AKs) are epidermal cutaneous neoplasia observed predominantly in middle-aged and older subjects mainly with photo type I and II on sunexposed surfaces as a result of DNA damage. Current treatment consists of lesion-directed or field-directed therapies or a combination of both. Among the topical field therapies, ingenol mebutate and diclofenac stands out for their therapeutic efficacy, both as lesion directed therapy and as field directed therapy.

Objective: Evaluate and characterize the specific site adverse reactions and their correct therapeutic management after field therapies.

Materials and methods: Each of 30 patients, with visible AKs of the both auricle were treated with ingenol mebutate one daily for 3 consecutive days on the left ear, or twice daily for 12 weeks with diclofenac on the right ear. At the end of the treatment, the presence of nodules were observed in 10 patients (33%): in 3 patients treated with ingenol mebutate and in 7 patients treated with diclofenac. All nodules were biopsied in order to characterize the lesions and evaluate the expression of p53 protein.

Results: The histological and immunohistochemical characterization of the nodules has excluded the presence of tissue with cytoarchitectural atypia, showing exclusively inflammatory lymphomononuclear infiltrate, different from auricular condrodermatitis. The expression of p53 was homogeneous and disposed only in the basal layer, similarly to healthy skin of the same district. Furthermore all lesions undergone spontaneous remission within 4 weeks.

Conclusion: We report for the first time the appearance of nodules as a specific adverse reaction linked exclusively to the site of application (auricle), after AKs field therapy. Given the reassuring nature of these lesions and their spontaneous remission after one month, the "wait and see" approach is recommended. Otherwise if the nodules persist, the biopsy examination must be performed to set the correct diagnosis.





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