



SKIN CANCER (OTHER THAN MELANOMA)

## **BOWEN'S DISEASE: A COMPARATIVE STUDY BETWEEN RENAL TRANSPLANT RECIPIENTS AND IMMUNOCOMPETENT INDIVIDUALS.**

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Introduction: Non-melanoma skin cancer (NMSC) is very common among renal transplant recipients (RTRs) as a result of the immunosuppressed status of these patients and other factors. Few studies have examined the clinical characteristics and evolution of Bowen's disease (BD), a in situ squamous cell carcinoma (SCC), comparing RTRs with immunocompetent (IC) population.

Objective: The aim of this study was to characterize clinically BD in RTR and IC individuals.

Materials and methods: We conducted a retrospective study including 103 RTRs and 250 IC with BD diagnosed from July 2004 to December 2018. We analyzed demographic and transplant related data comparing these two groups.

Results: The mean age of patients at the first diagnosis of BD was 58 years in RTRs versus 71 in IC group. Most first diagnoses occurred within eight years post-transplant in the first group. The majority of patients had Fitzpatrick skin phototype II, although BD was also observed in those with skin phototypes III and IV, especially in RTRs. In RTRs, 82.5% received cytotoxic immunosuppressives, 80.6% calcineurin inhibitors, and 10.7% mTOR inhibitors. RTRs developed up to 15 BD lesions, while IC group the majority developed until 3 tumors. Most lesions were located on sun-exposed areas in the two groups.

Conclusions: Probably long-term use of immunosuppressive therapy also increases the risk for multiple BD lesions and occurrence in younger individuals compared to IC. In RTRs, multiple BD can develop even in high skin phototype and nonexposed sunlight sites. Therefore, RTRs should be informed about the high risk for the development of neoplasias and be able to detect suspected lesion, so they can prevent invasive SCC.

