

I: Non-melanoma Skin Cancer With an Aggressive Course in Kidney Transplant Patients Treated With Rapamycin

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Transplantation [106\(9S\):p S568-S568, September 2022](#). | DOI: 10.1097/01.tp.0000888572.36719.ca

Introduction: Non-melanoma skin cancer (NMSC) represents the most frequent malignancy in patients with solid organ transplantation, with a high risk of metastasis (MTS) and death related to factors such as chronic immunosuppression, exposure to ultraviolet (UV) radiation, and HPV infections.

Conclusions: 1- The NMSC in these patients presented with multiple lesions and clinical and histological characteristics related to an aggressive course (MTS and death in two cases).

2- Immunosuppressive therapy with rapamycin did not modify the outcome and development of multiple lesions despite its known antiproliferative and angiogenesis effects.

3- All our patients were men and presented risk factors for NMSC (photodamage, actinic keratoses, more than five years post-transplantation, history of prior NMSC, induction and immunosuppressive therapy).

4- Dermatological control is crucial in order to identify risk factors, promote photoeducation and make a prompt diagnosis.

II. MOLLUSCUM CONTAGIOSUMS AS A CUTANEOUS MARKER OF IMMUNE RECONSTITUTION SYNDROME IN A RENAL TRANSPLANT PATIENT

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Introduction: Immune reconstitution inflammatory syndrome (IRIS) is an important complication after initiation of antiretroviral therapy associated with considerable morbidity and mortality in HIV patients, but has been rarely reported in solid organ transplant patients. IRIS is a host response resulting in paradoxical worsening of an infectious disease which occurs after reversal of an immunosuppressed state. Although a working paradigm of the pathophysiology of IRIS occurring in the posttransplant setting has not been established, current evidence suggests an imbalance between pathogen directed host inflammatory (Th1, Th17) and anti-inflammatory (Th-2, Tregs) effector cells resulting in hyperinflammatory response to a pathogen with ensuing tissue damage.

Conclusions: our study highlights the clinical relevance of recognising IRIS in patients transplanted with solid organs through the exacerbation of skin lesions.

III. TREATMENT OF CALCIFYING UREMIC ARTERIOPATHY IN A RENAL TRANSPLANT SERVICE

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Published in [Transplantation](#) 1 September 2022. Medicine

Introduction: Calciphylaxis or Calcifying Uremic Arteriopathy (CUA) is a rare vascular disorder with a high rate of morbidity and mortality, of uncertain pathogenesis and with various risk factors involved. The diagnosis is suspected based on the findings in the clinical charts and physical examination, with a multidisciplinary approach. Intravenous Sodium Thiosulfate is a therapeutic alternative. Topical preparations based on cold cream from 10 to 25% could be considered as a treatment option in patients with contraindications/high risk of adverse effects for intravenous administration.

Objectives: To report the usefulness and efficacy of topical Sodium Thiosulfate treatment in patients with CUA.

Conclusions: treatment with topical preparations of Sodium Thiosulfate based on 25% cold cream was an effective therapeutic approach in both patients with contraindications/high risk of adverse effects for intravenous administration. To the best of our knowledge, only 1 case has been reported in the literature so our experience is valuable.