Letter to editor

Non-melanoma Skin Cancer in Kidney Transplant Recipients: Apparent Geographical Differences : Letter to editor

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1. Introduction

Non-melanoma Skin Cancer (NMSC) is consider as the most common post-transplant malignancies in western countries (1); however, kaposi's sarcoma is the most frequent cancer after kidney transplantation in Middel East countries (3, 4). In the study of Einollahi et al, which is performed on 11255 kidney transplant recipients, Kaposi's sarcoma was the most common tumor type (2). It would also disheartening to know the incidence rate of Kaposi's sarcoma among kidney transplant recipients shows an ascending trend in the Middle East countries (3, 5). In addition, they reported that the incidence of post kidney transplant malignancies was lower than western countries and the skin cancer was occurred in 1.14% of all patients (2), it may partely due to geographical differences.

In the study of Bernat et al (1), 305 patients underwent kidney transplantation and 73 (25.2%) of them developed NMSC, of which the most frequent tumor were basal cell carcinoma (BCC). Most studies conducted in Europian countries showed that the most common skin cancers after kidney transplantation was BCC like the report of Bernat and colleagues (6, 10). In contrast, studies in the Eastern Mediterranean area in Asia, the incidence of BCC and SCC of were in the next position after Kaposi's sarcoma and Non- Hodgkin lymphoma (7, 8) .

In addition, Bernatet et al. (1) showed that age at time of transplant, low phototype and high pre-transplantation occupational sun exposure were risk factors for NMSC after kidney transplantation. Einollahi et al, reported that (2), the male sex, increased age, prolonged immunosuppression and azathioprine increased the risk of skin tumors after renal transplantation.

As we see in literature, it is seems that the incidence of malignancies and its types varies between Mediterranean Region countries and middle east asia population (4). Number of multicenter studies conducted in with a large sample size in middle east asia countries showed that Kaposi sarcoma was the most frequent tumor in kidney transplant recipients, while this statistics are different in Mediterranean areas (5, 9). In this regions, the largest percentage is dedicated to NMSC such as SCC and BCC (1). Some factors are associated with the tumor developing after kidney transplantation such as HHV-8 and HPV infection. HHV-8 infectioun rate of in Mediterranean populations is intermediate (10).

In conclusion, since transplant recipients are susceptible to develop NMSC and these cutaneous lesions are the significant source of morbidity; therefore, a routine screening of these patients for skin malignancies should be performed. Phenotypic, clinical and environmental factors associated with the skin tumors following renal transplantation are different particularly due to geographic area as well as due to the study sample size, genetic variations, infectious diseases and also history of immunosuppression regimens.

Conflict of interest:

The authors declare no conflict of interest.

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