Découverte fortuite d'une lésion cutanée (a fortiori d'un potentiel mélanome) chez un donneur d’organe: quelle attitude à adopter?

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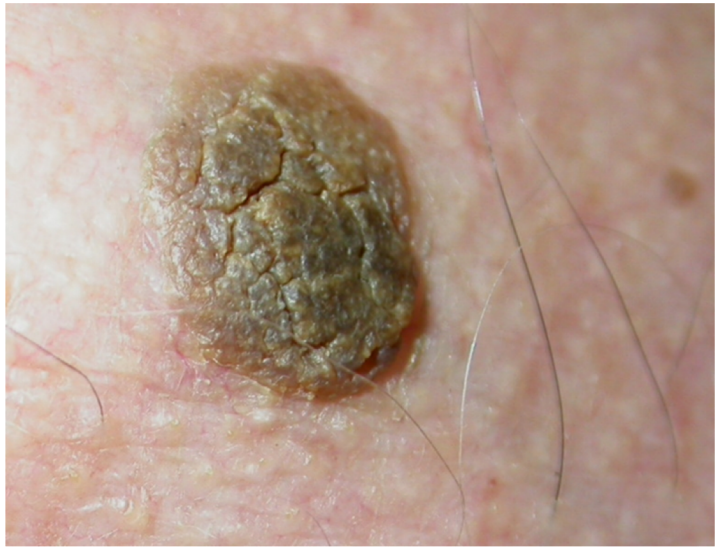
Dermatologue

Tours, 18 oct 2021

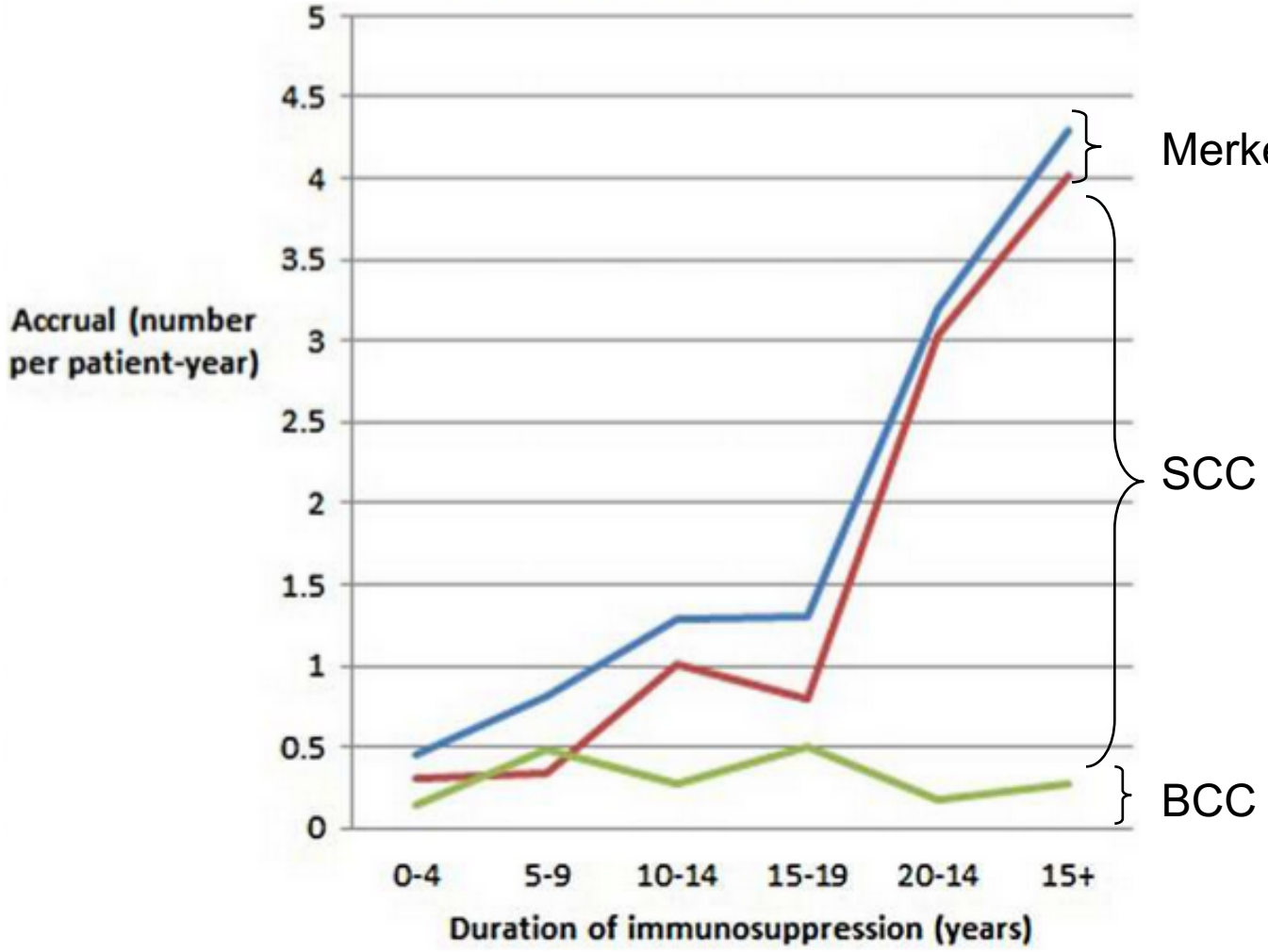


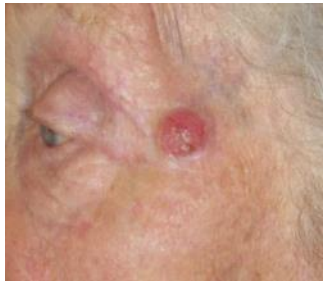
I- Introduction

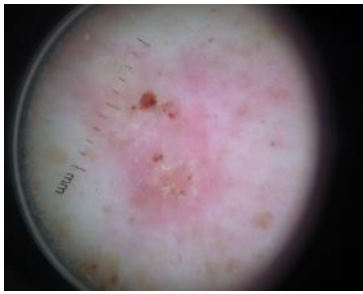
- La peau est accessible à l'examen clinique
- Les lésions cutanées bénignes sont nombreuses
- Les lésions cutanées malignes sont assez nombreuses
- Leur risque de métastase est variable
- Le diagnostic clinique n'est pas toujours facile
- Le diagnostic histopathologique prendra >3 jours
- On sait que des cancers sont transmissibles du donneur au receveur
- On sait que l'immunosuppression post-transplant augmente grandement le risque de cancer et d'évolution métastatique
- On connait la pénurie en greffon
- Rapport bénéfice/risque?

Greffés en Australie

Australas J Dermatol. 2014 Feb;55(1):43-8.







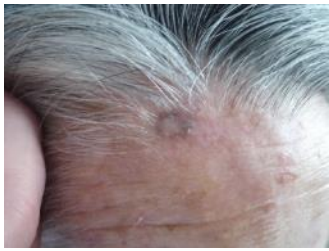


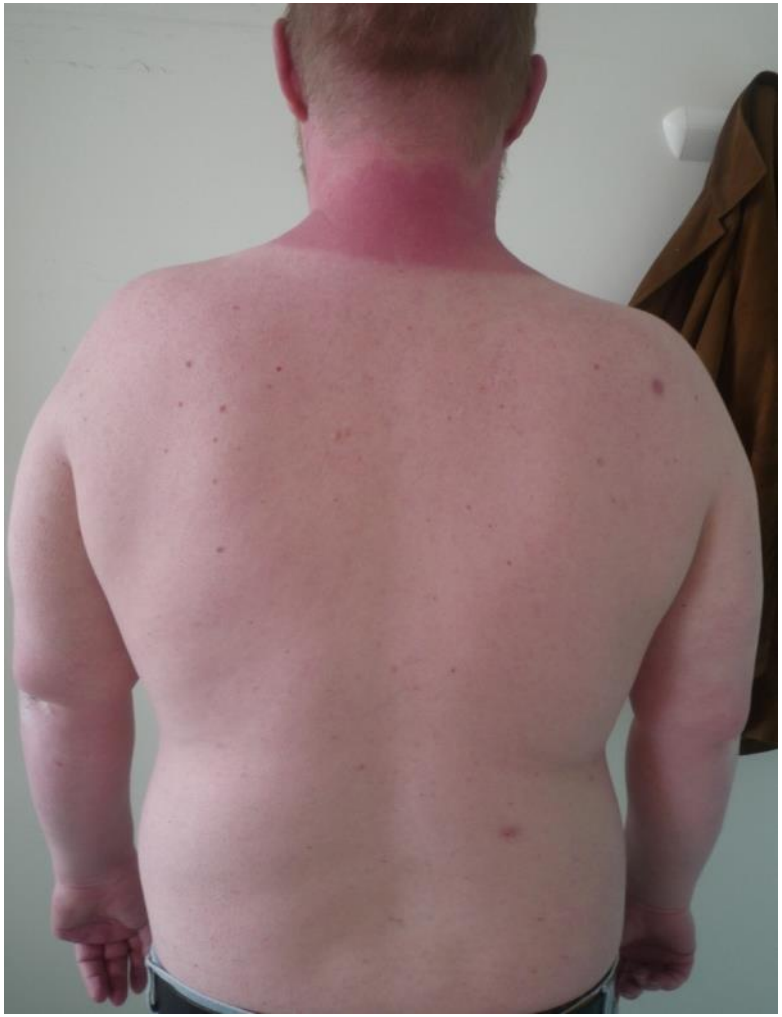
Figure 1 Tumour accrual relative to duration of immunosuppression in — basal cell carcinoma; — non-melanoma skin cancer and — squamous cell carcinoma.

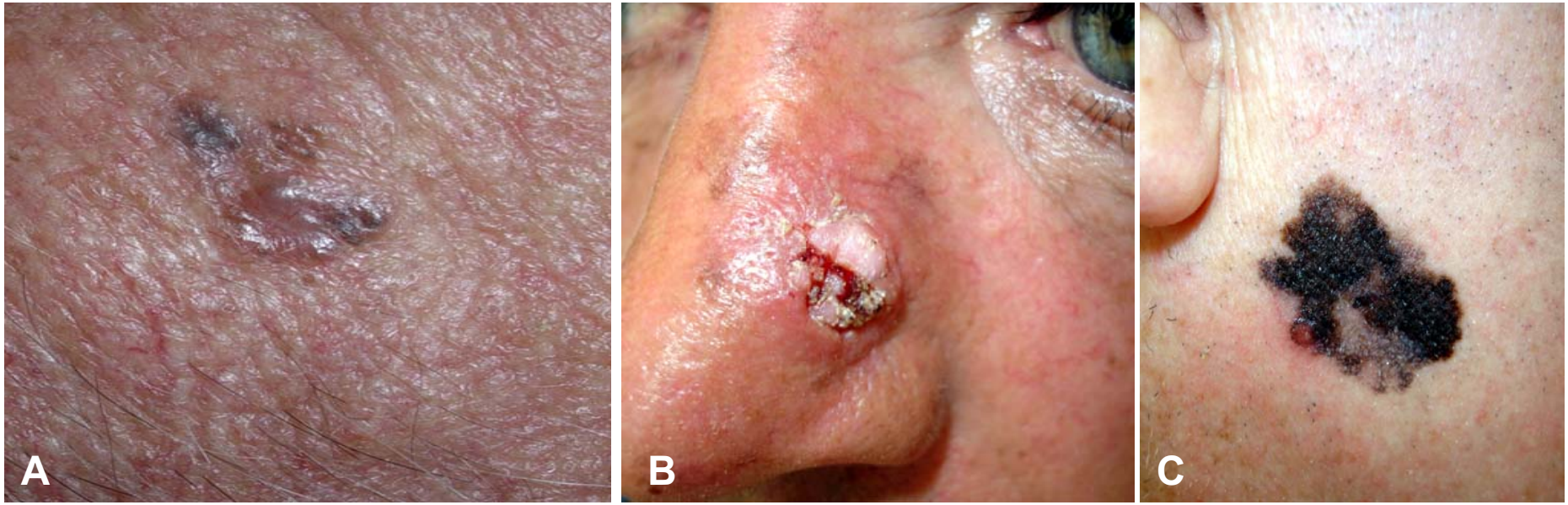
II-Tumeurs cutanées

- Epithéliales bénignes: verrues, kératoses séborrhéiques, etc
- Epithéliales malignes= carcinomes (basocellulaire, epidermoides, neuroendocrine= Merkel, sudoraux=adénocarcinomes)
- Mélanocytaires bénignes= naevus naevocellulaires, lentigo
- Mélanocytaires malignes = mélanome malin
- Lymphocytaires= lymphomes cutanés
- Fibroblastiques =sarcomes cutanés (incluant la maladie de Kaposi)

Phototype

- I: roux
- II: blond
- III: châtain
- IV: brun
- V: brun foncé
- VI: noir





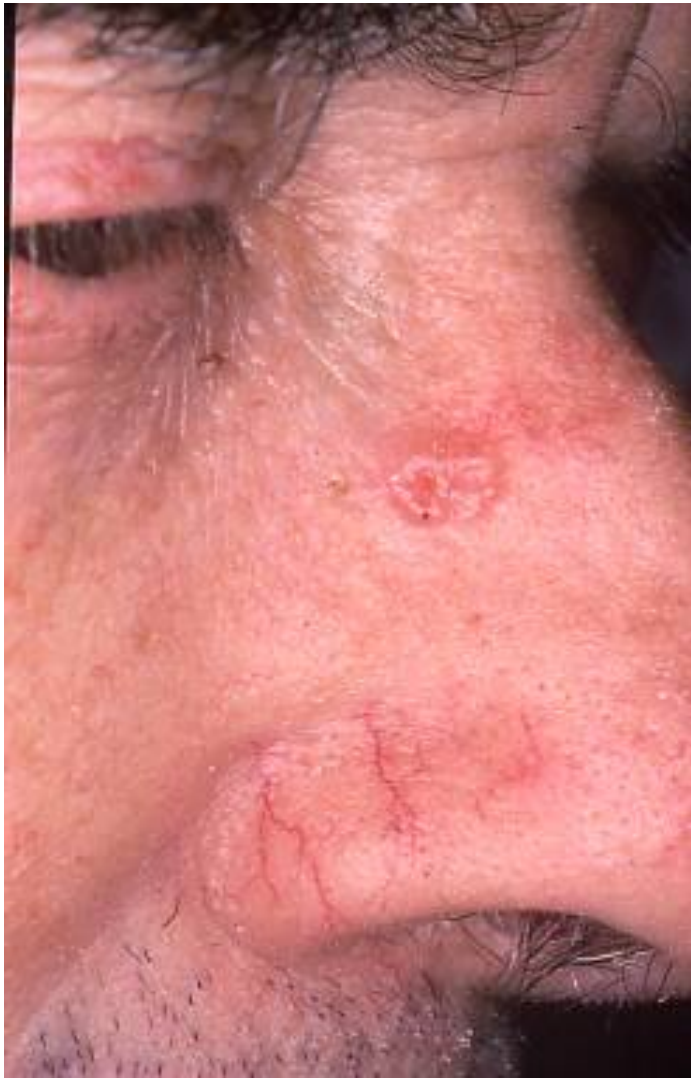
Selon leur nature, les cancers de peau ont un aspect clinique différent. Les plus fréquents sont le carcinome basocellulaire (A) d'aspect perlé, le carcinome épidermoïde (B) hyperkératosique et le mélanome (C) pigmenté.

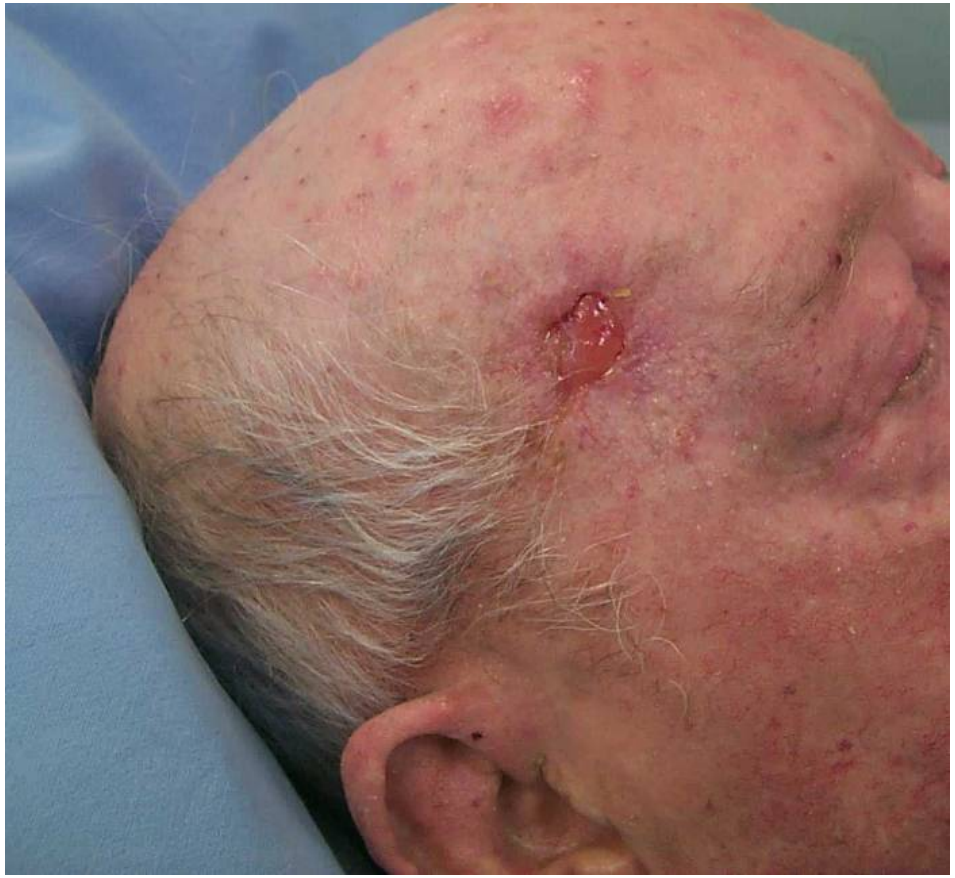
Mais, un baso peut être pigmenté= tatoué, un carcinome épidermoïde être purement ulcéré (idem baso et mélanome), un mélanome peut être achromique…
L'histologie est indispensable au diagnostic de certitude

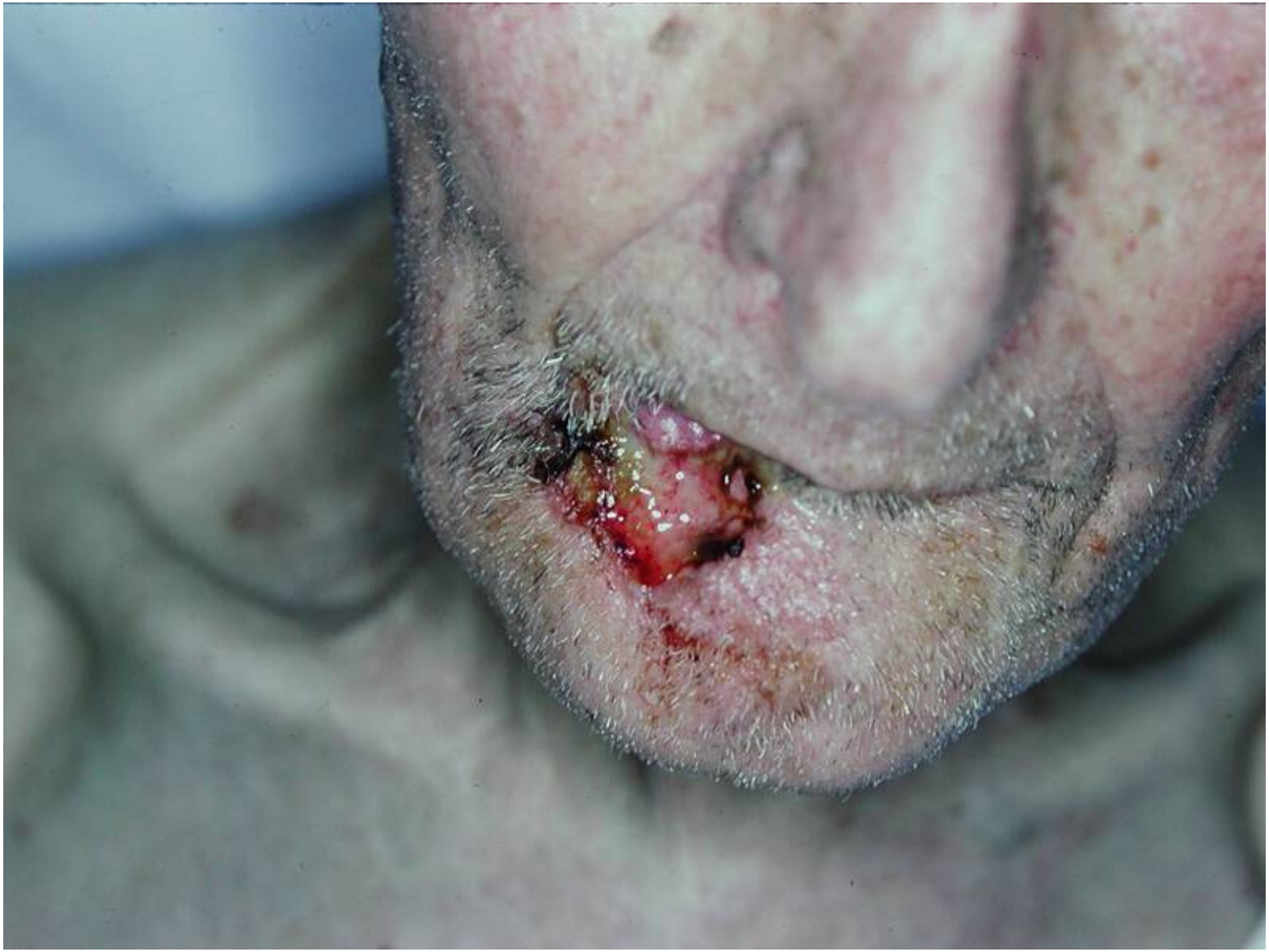
Fréquence et facteurs de risque

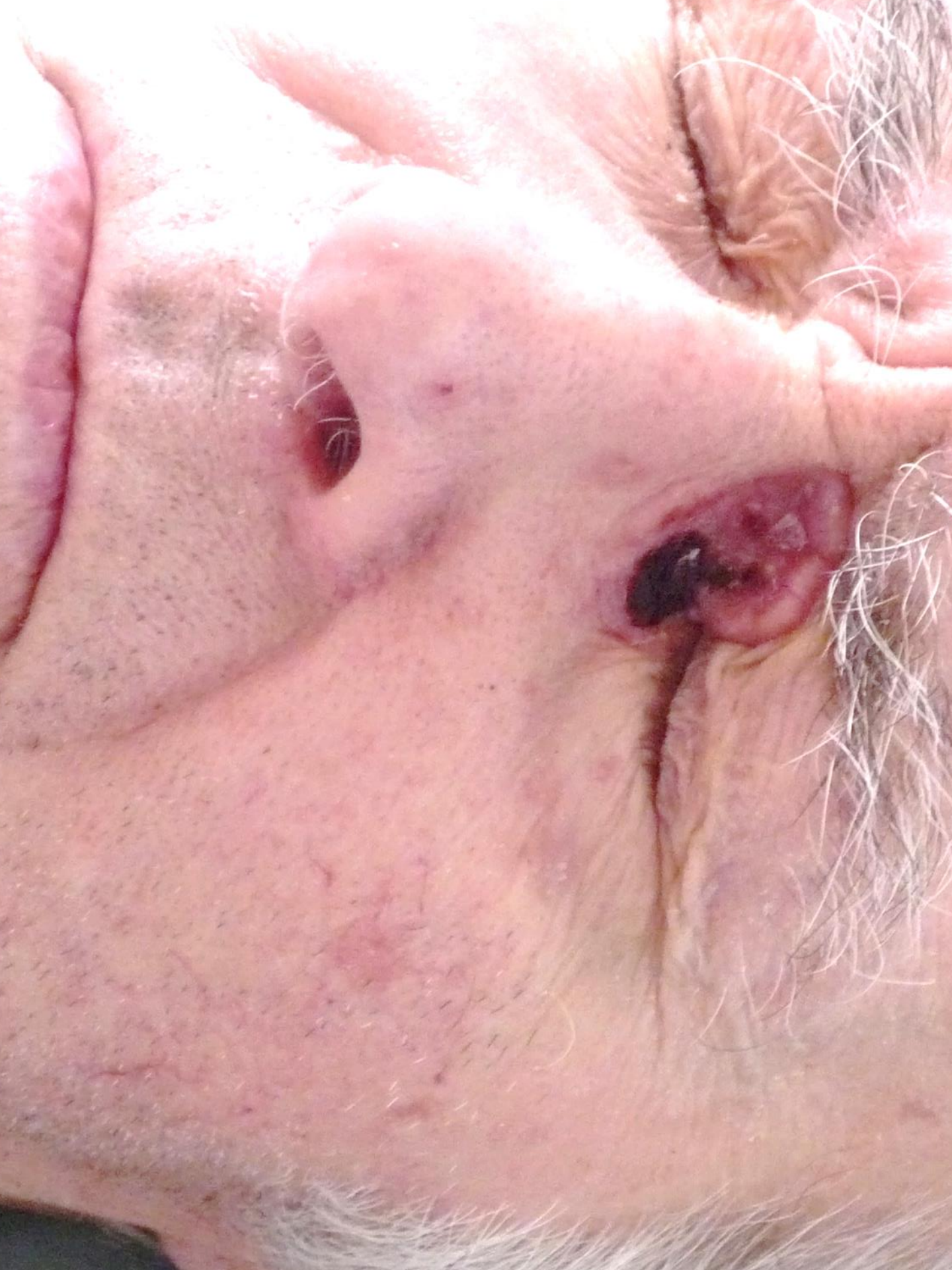
- Les carcinomes cutanés sont les cancers les plus fréquents (basocellulaires +++ et épidermoïdes ++)
- Age: 80% de ces cancers surviennent après 55 ans
- Exposition solaire chronique (risque x 2 à x 6) et le type de peau (phototype) => majoritairement localisé sur les zones d'exposition solaire chronique (tête et cou, mains, avant-bras, jambes)
- Exposition solaire intense et intermittente pour les mélanomes
- Tabac pour les carcinomes épidermoïdes

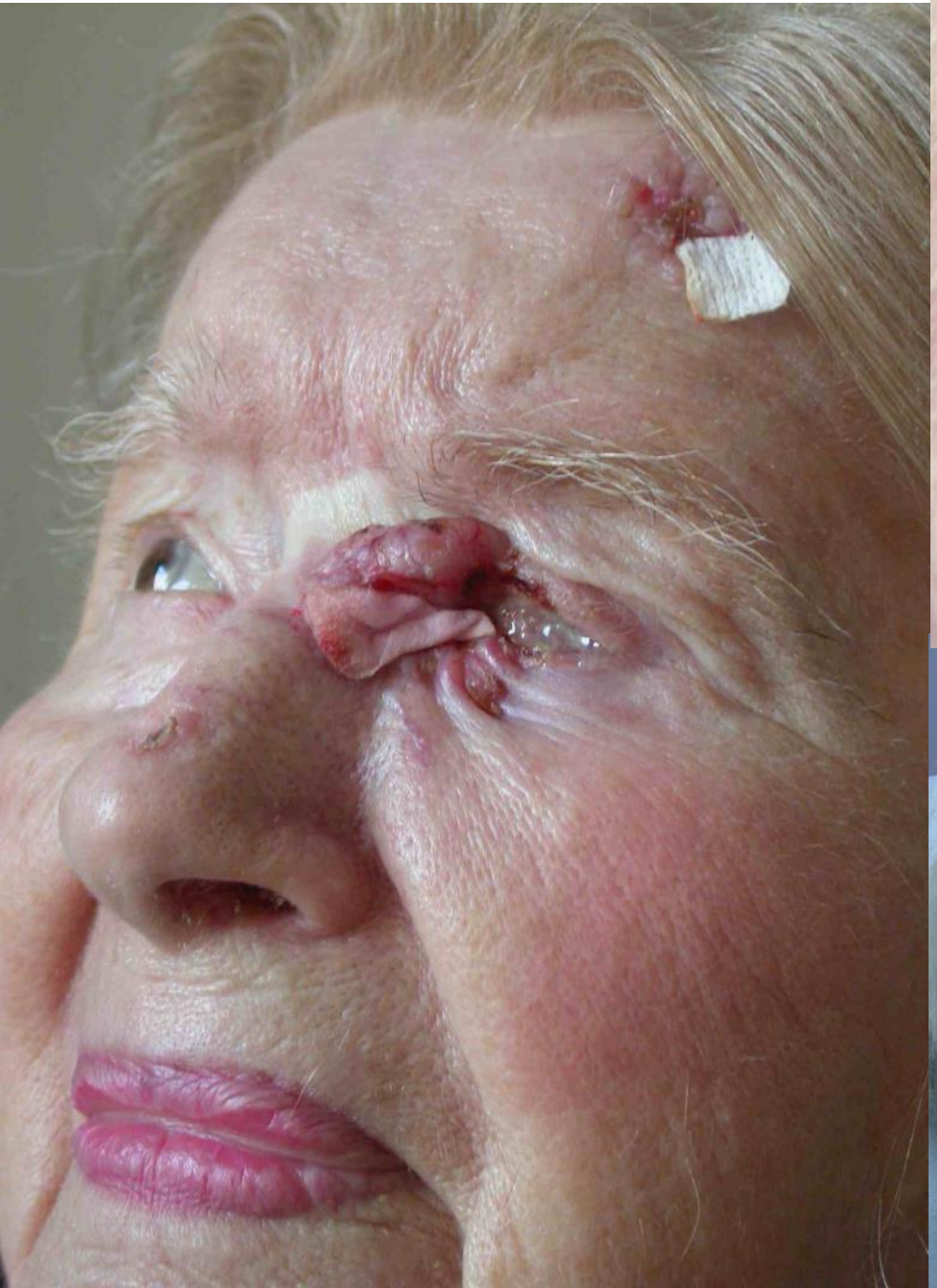
2-1-Carcinome Basocellulaire (CBC)

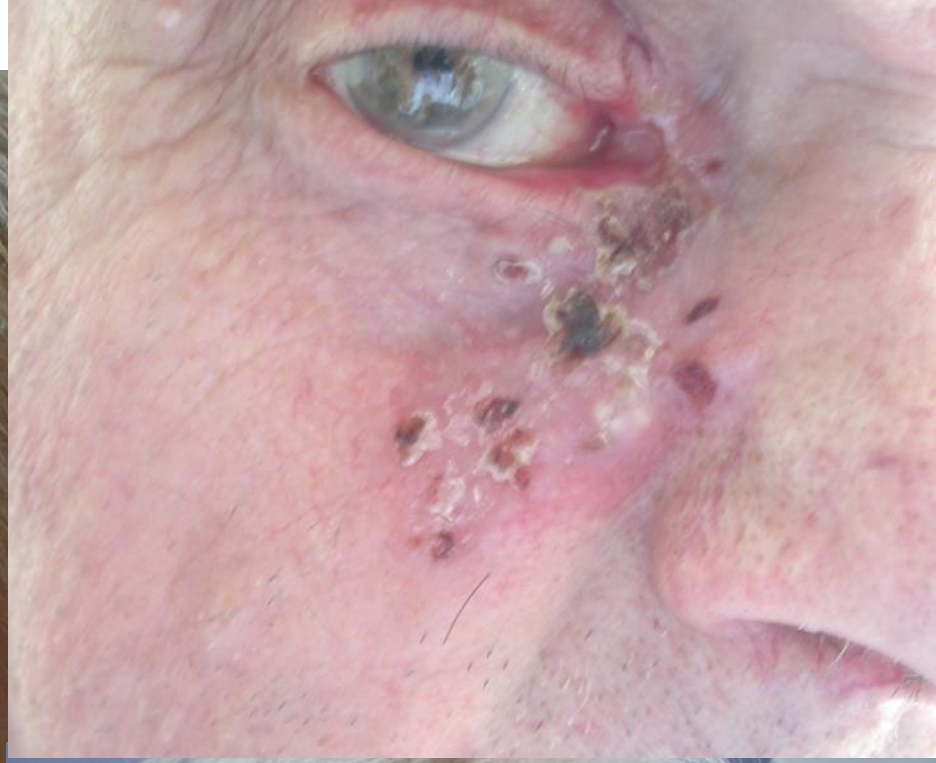


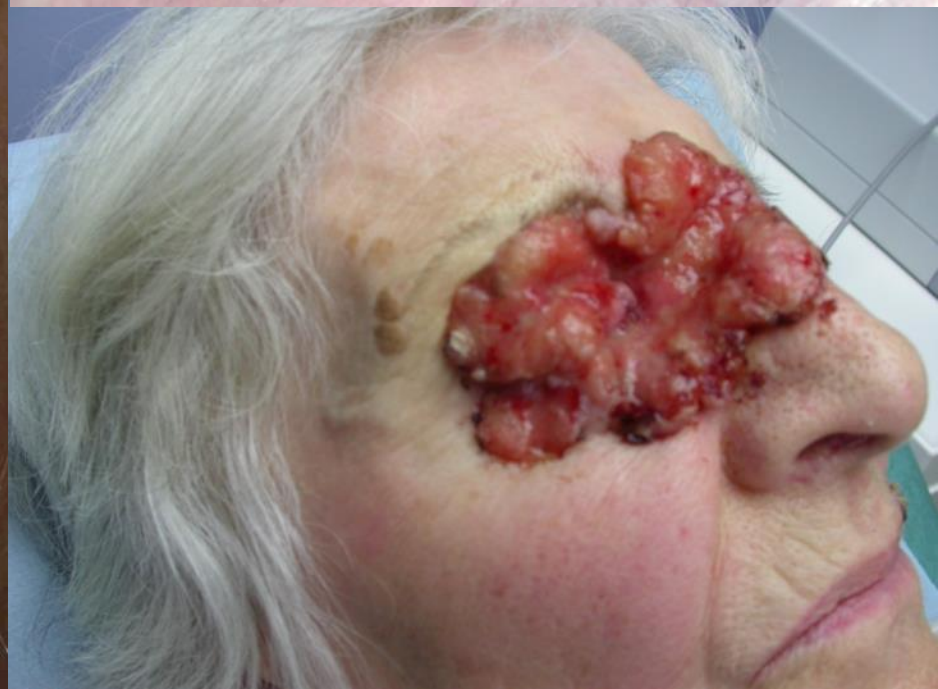






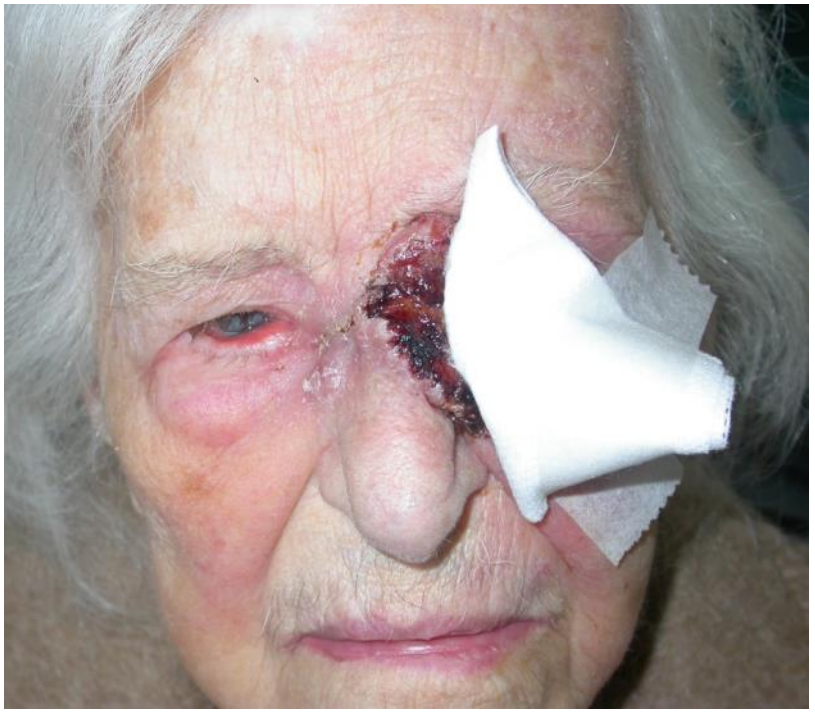




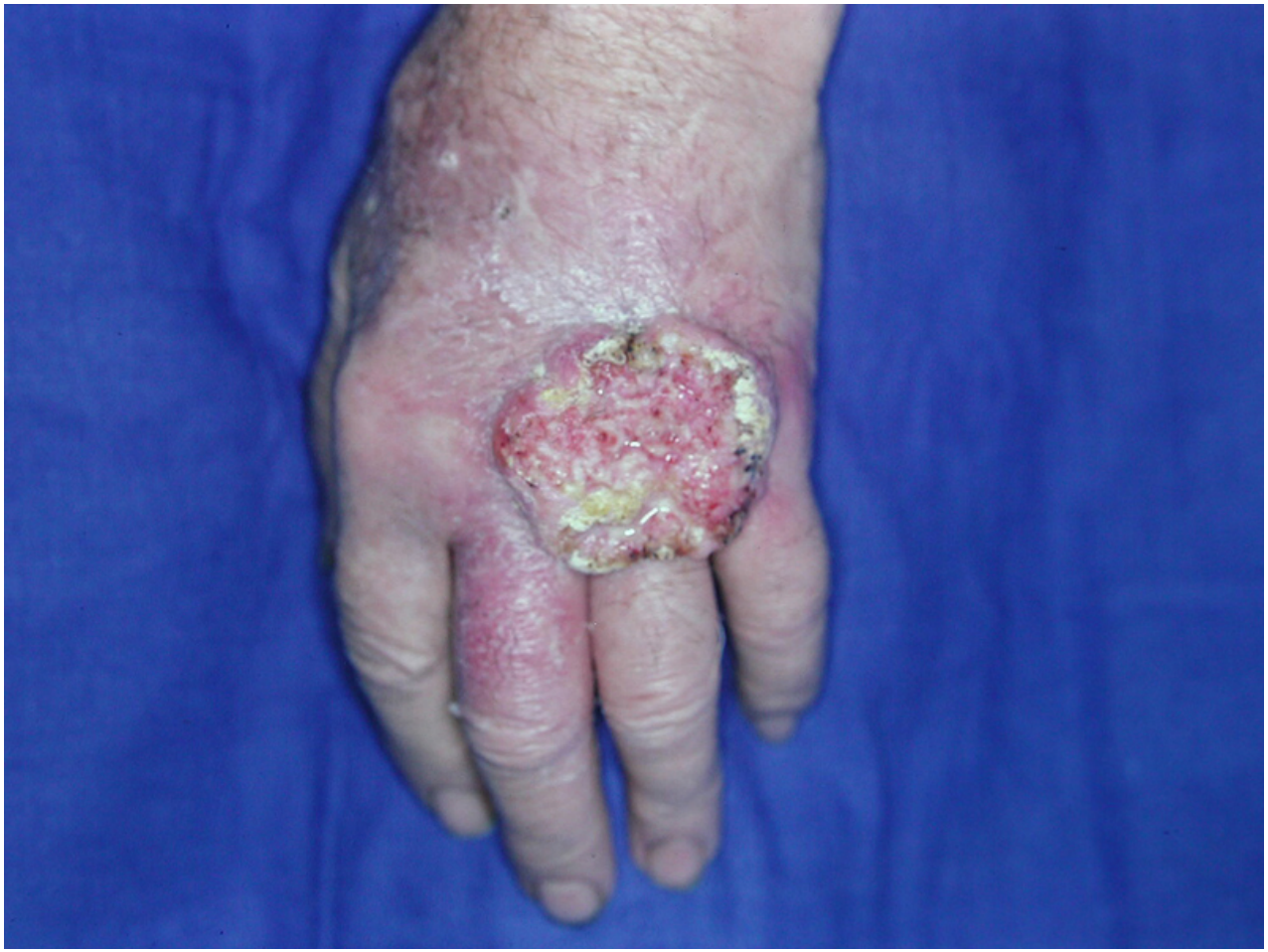


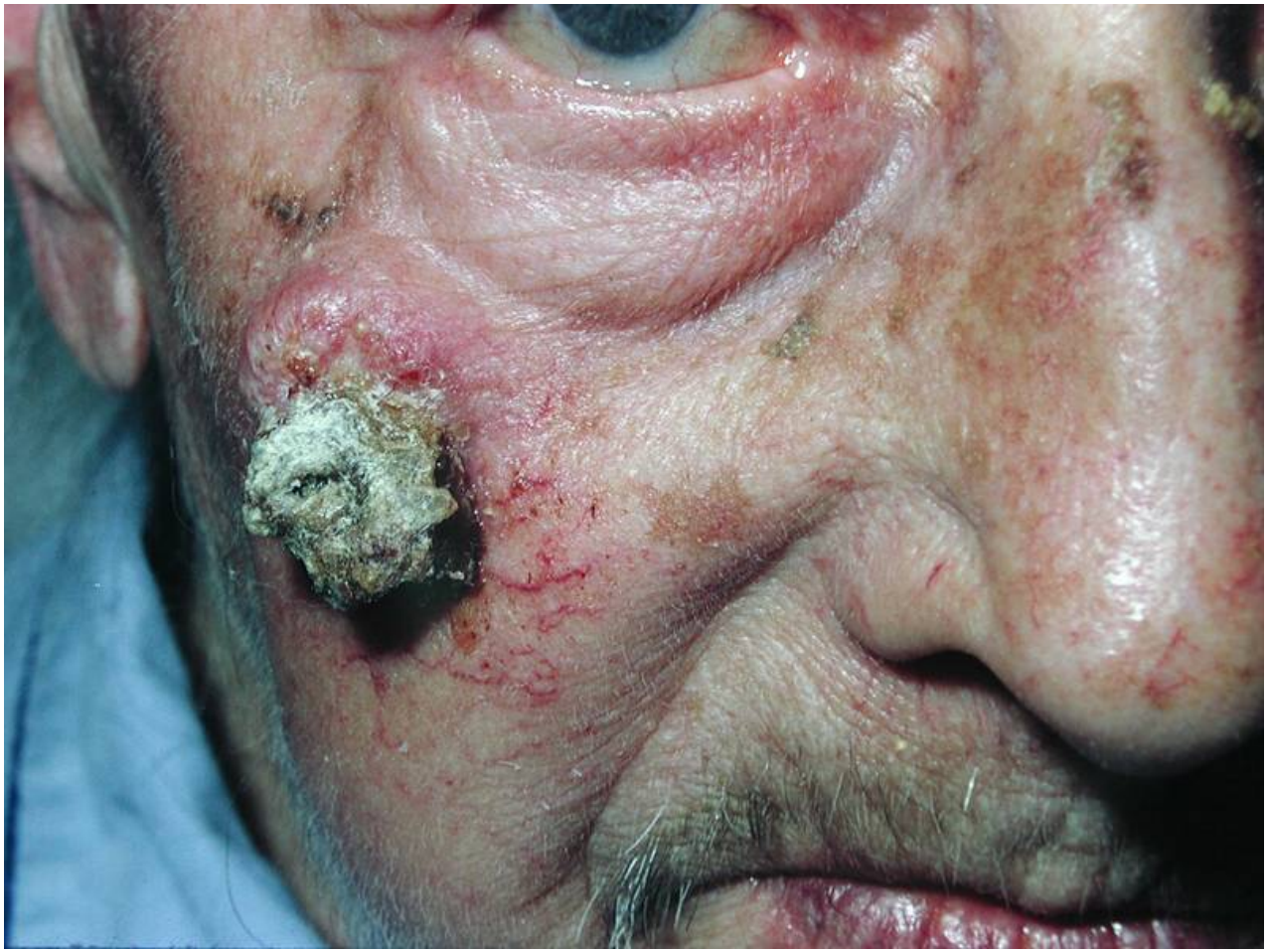
CBC

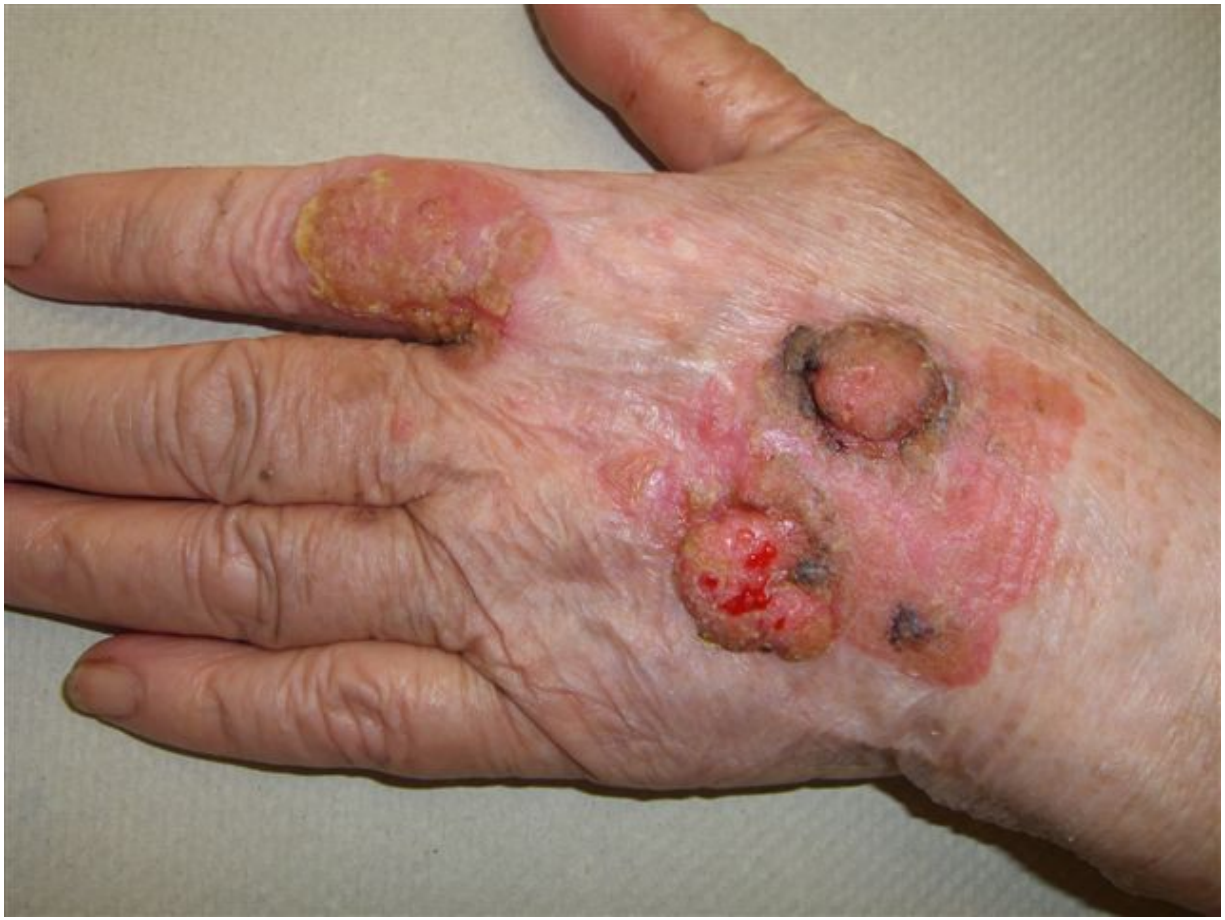
- Fréquents +++
- Pas de métastase
- Préjudice esthétique et fonctionnel
- Zones à risque (œil +++)



2-2- Carcinomes Epidermoïdes

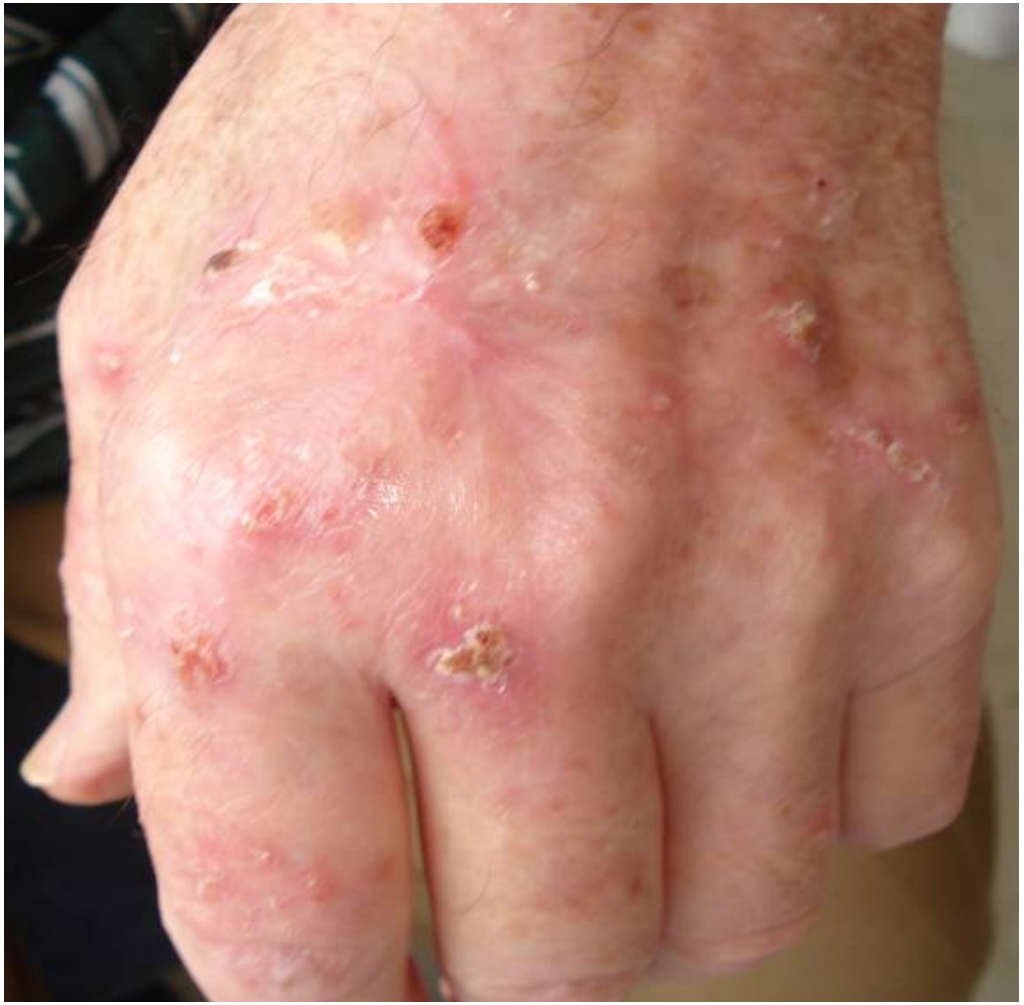


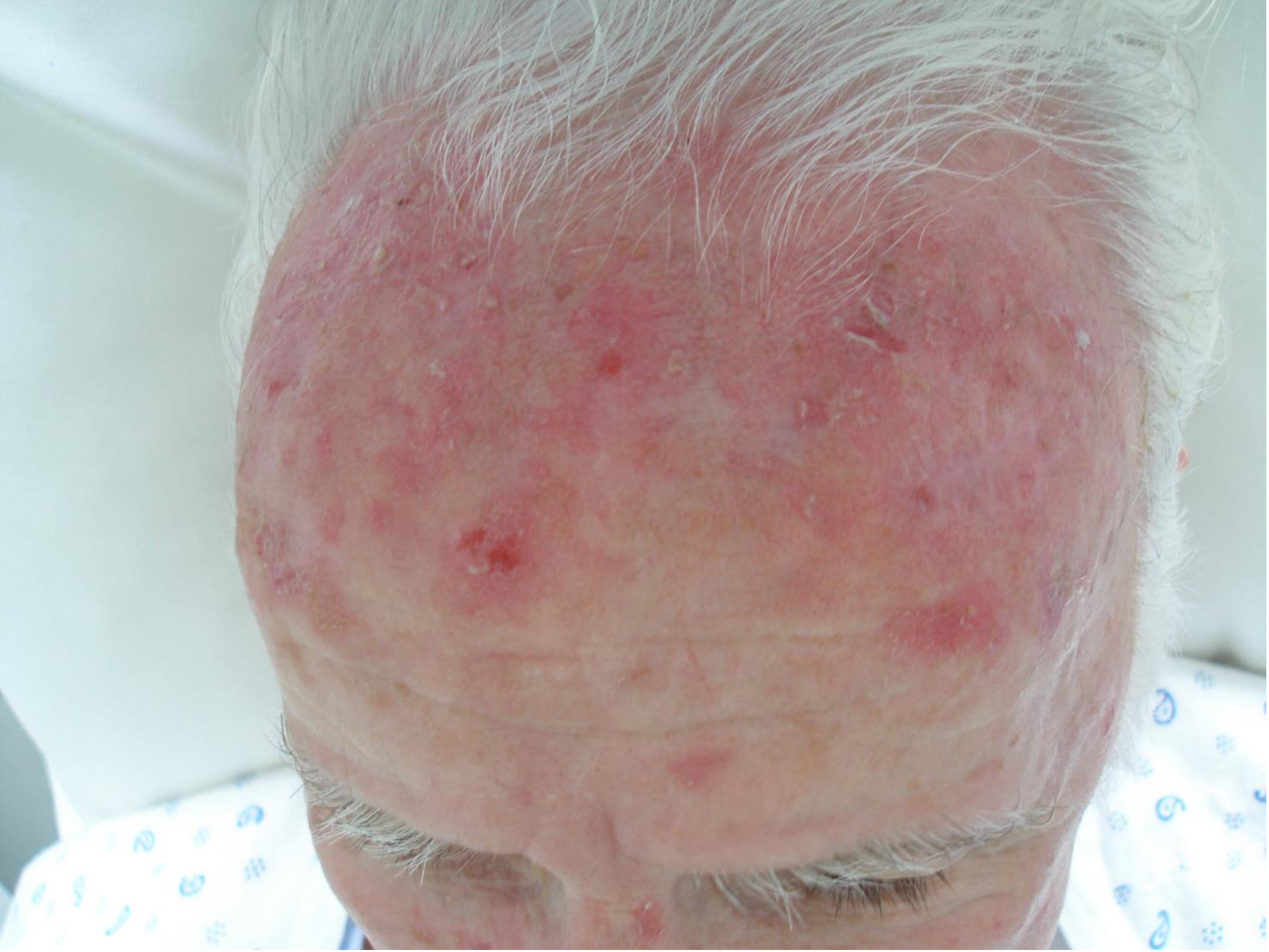


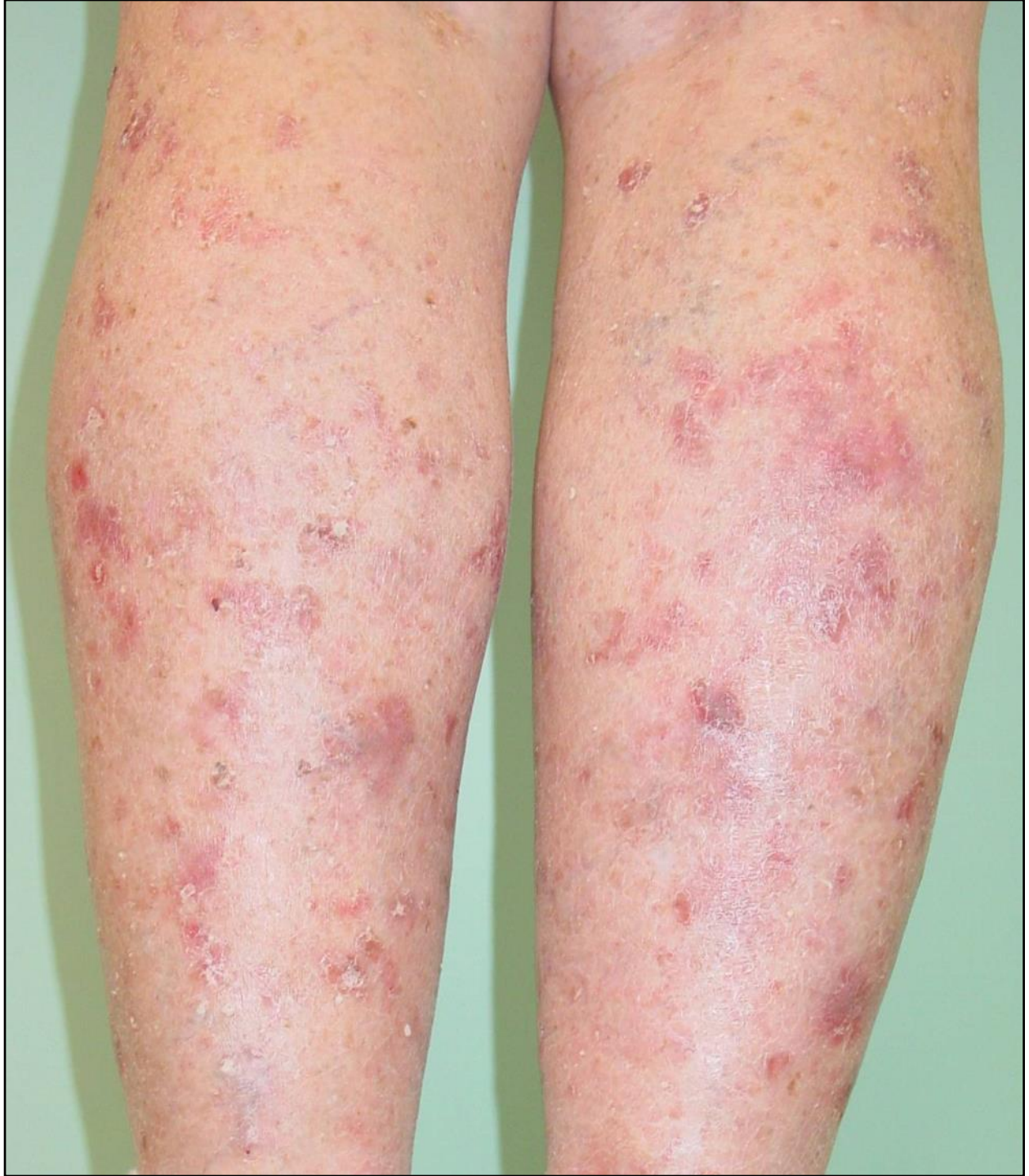


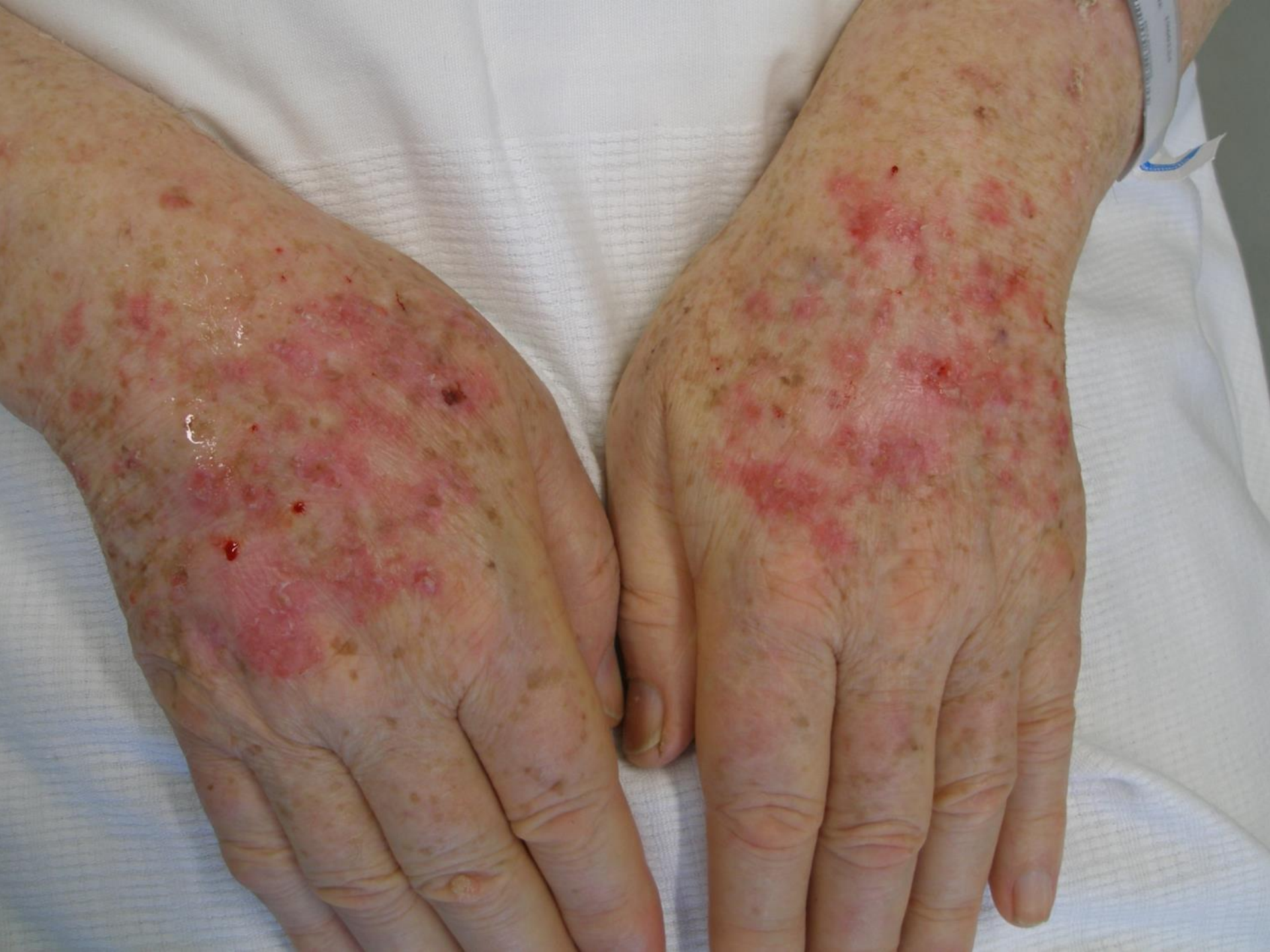
Spectre continu

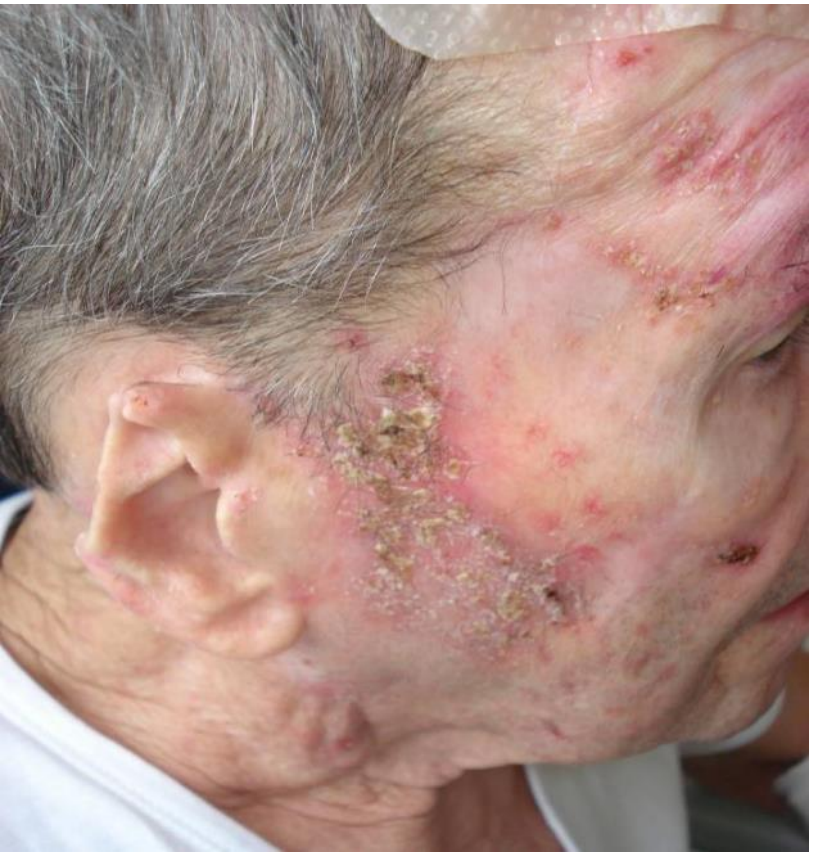
- Kératoses actiniques
- Carcinomes épidermoïdes in situ
- CE invasifs

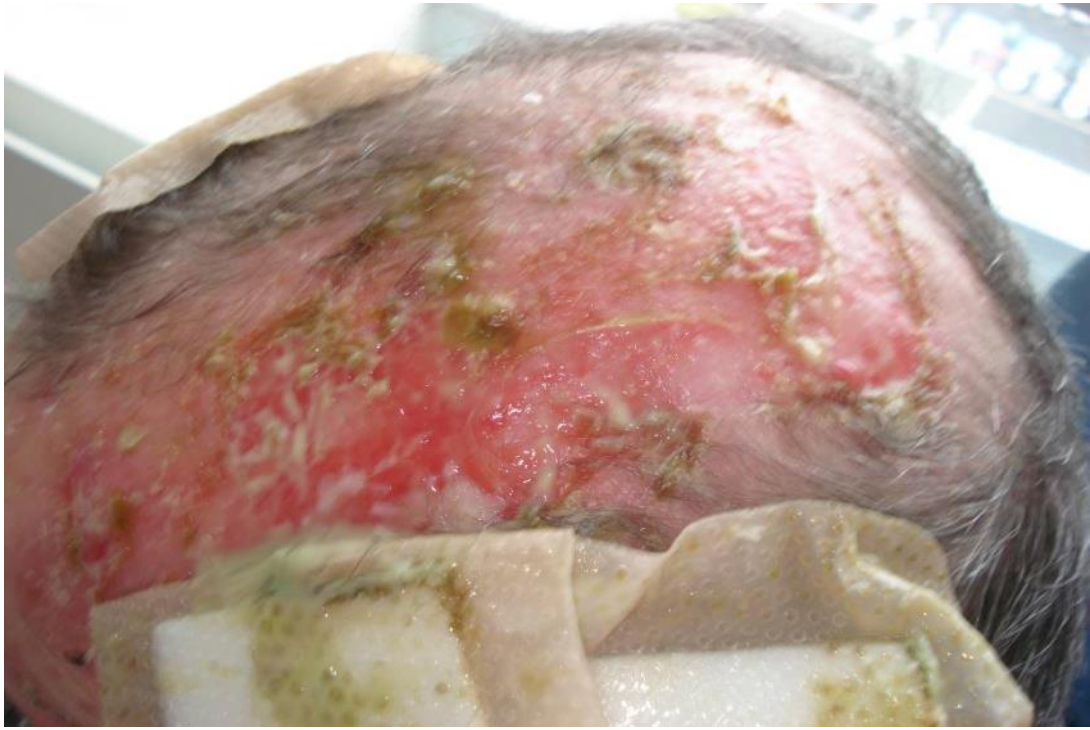








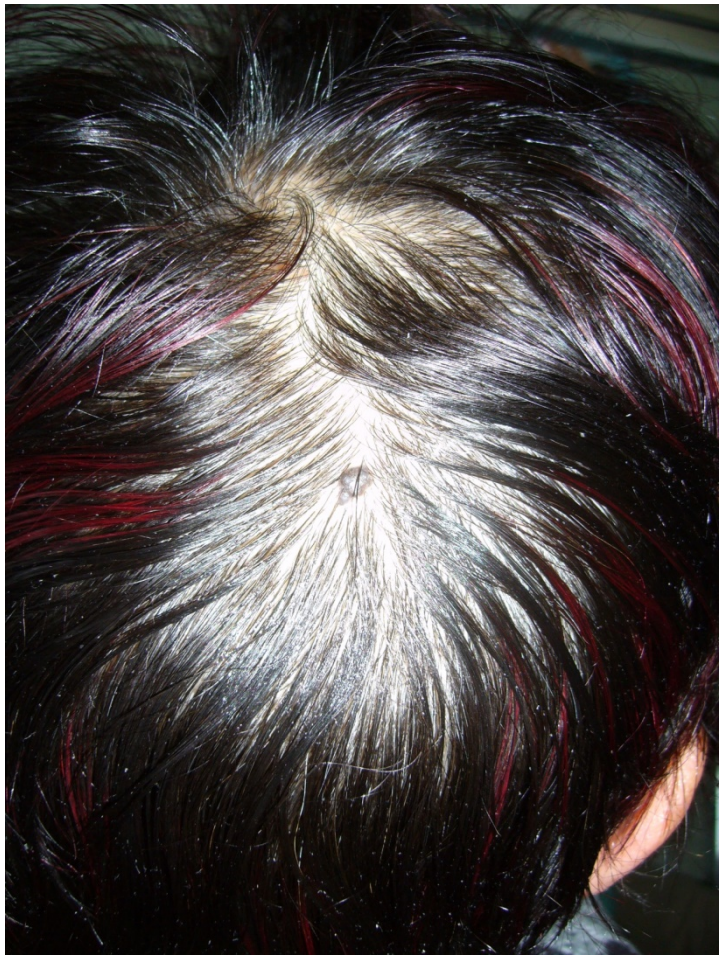




Les UV B et A déclenchent expérimentalement des carcinomes épidermoïdes

- Ils augmentent les mutations de gènes suppresseurs de tumeurs (p53)
- Ils sont immunosuppresseurs
- PUVA thérapie prolongée chez des patients psoriasiques RR x 5
- UVA salons de bronzage: idem

2-3- mélanome



- Toujours malin
- Difficile parfois à différencier d'une lésion mélanocytaire bénigne (naevus), ou non mélanocytaire pigmentée
- Peut ne pas être pigmenté
- 17000 nouveaux cas/an
- 1,5% de probabilité
- 2000 décès/an

Mortalité du mélanome

- <10% si épaisseur < 1mm
- >50% si >4 mm et ulcéré
- Risque maximum dans les 3 premières années

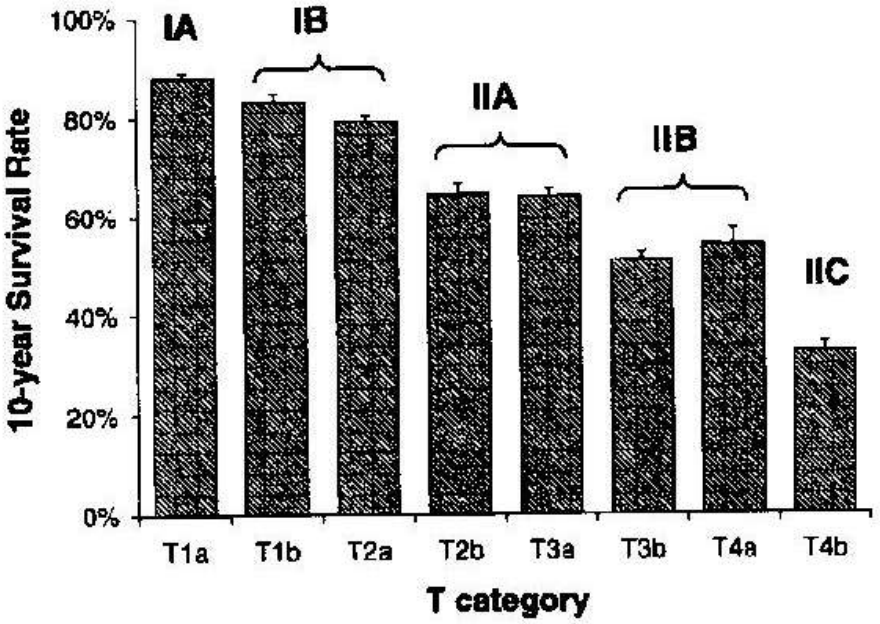
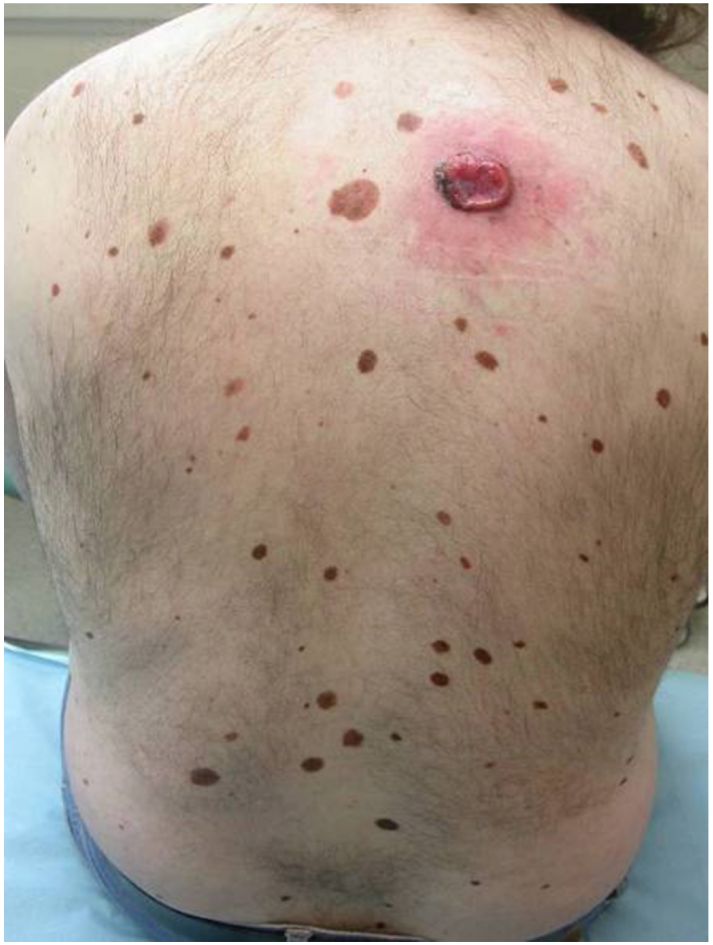
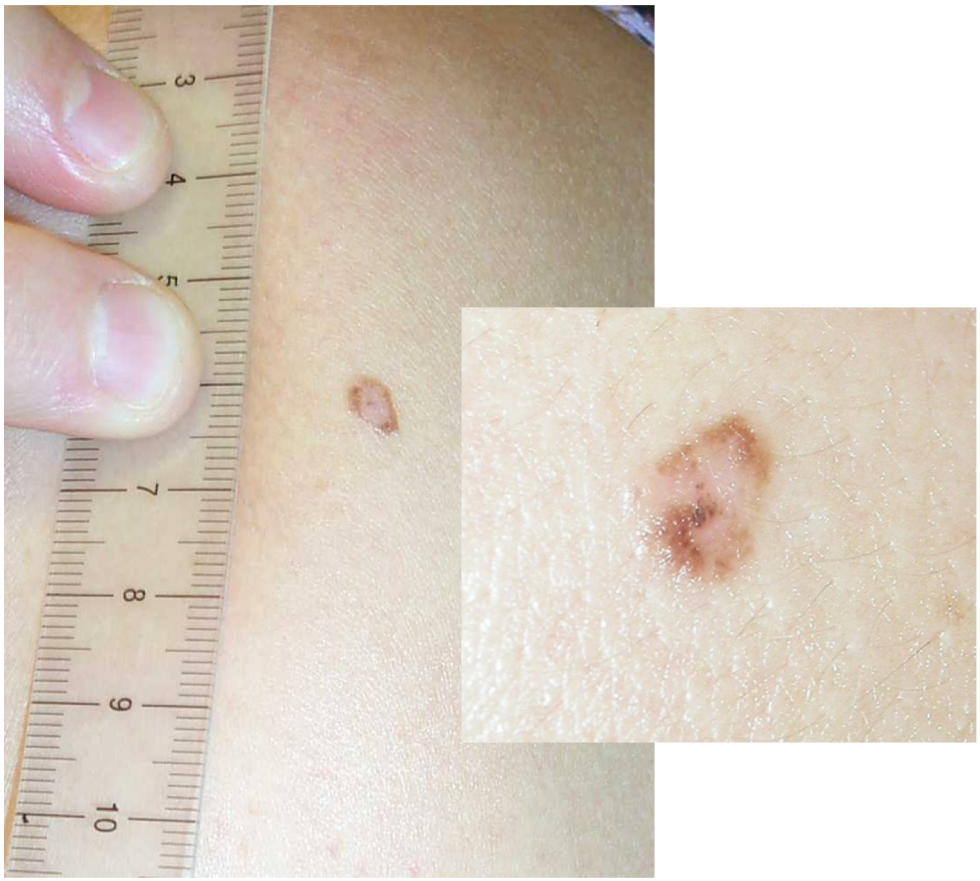


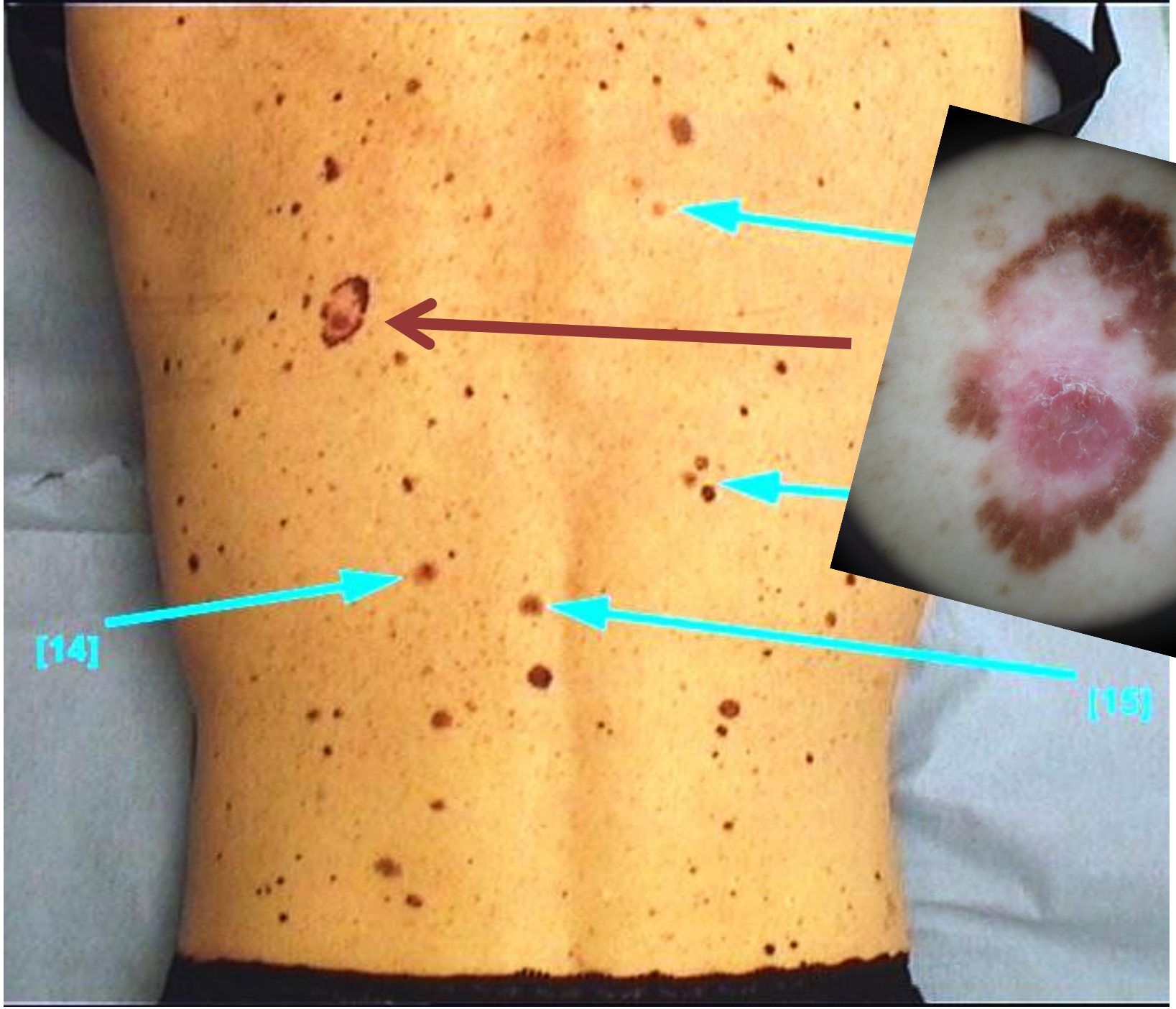
Fig 2. Ten-year survival rates comparing the different T categories and the stage groupings for stages I and II melanoma. Note that the groupings upstage patients with melanoma ulceration with the next level T substage of patients with thicker, nonulcerated melanomas.



Dos, 45 ans, phototype roux, nombreux naevus atypiques, non surveillés. Apparition d'une lésion



Lésion de l'épaule qui se dépigmente en son centre, sans halo périphérique pendant la grossesse. Antécédent de mélanome chez la mère et la grand mère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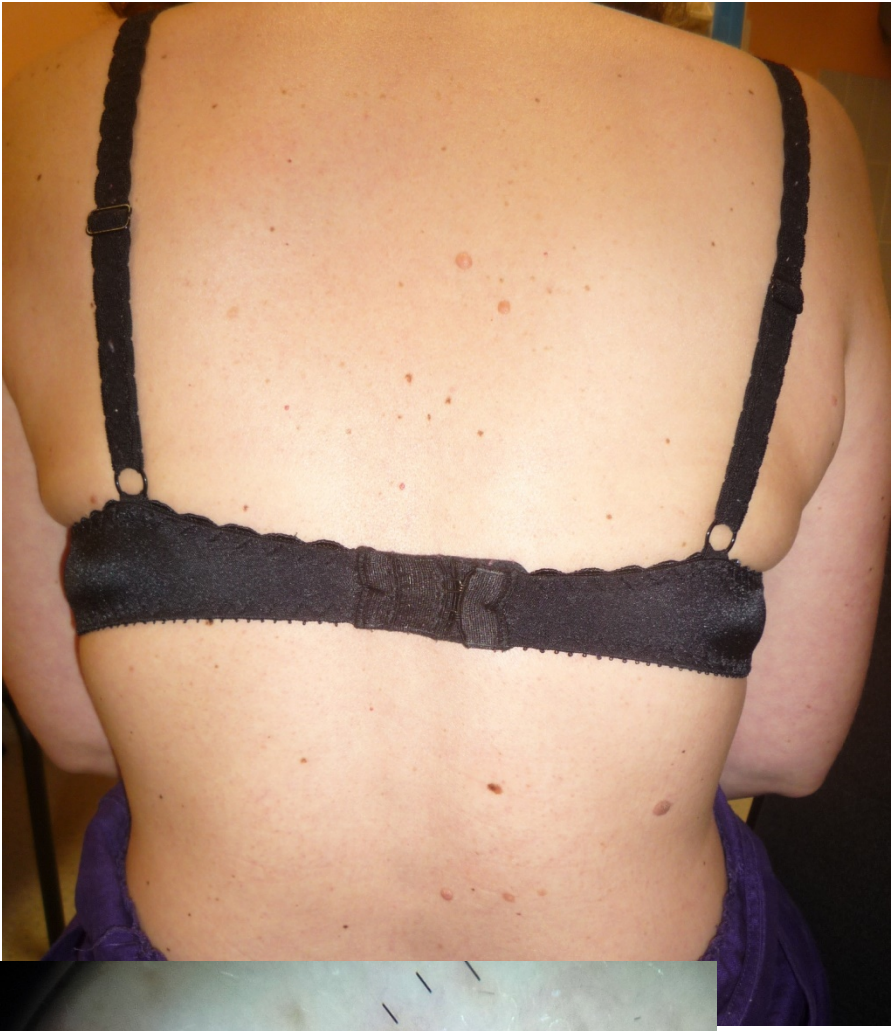

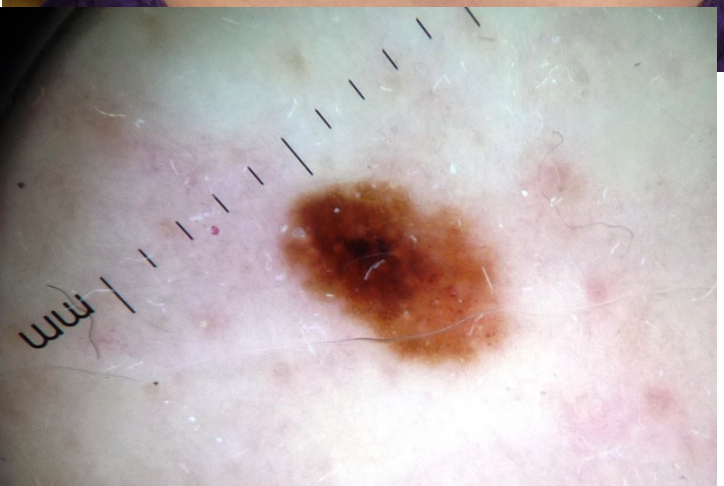

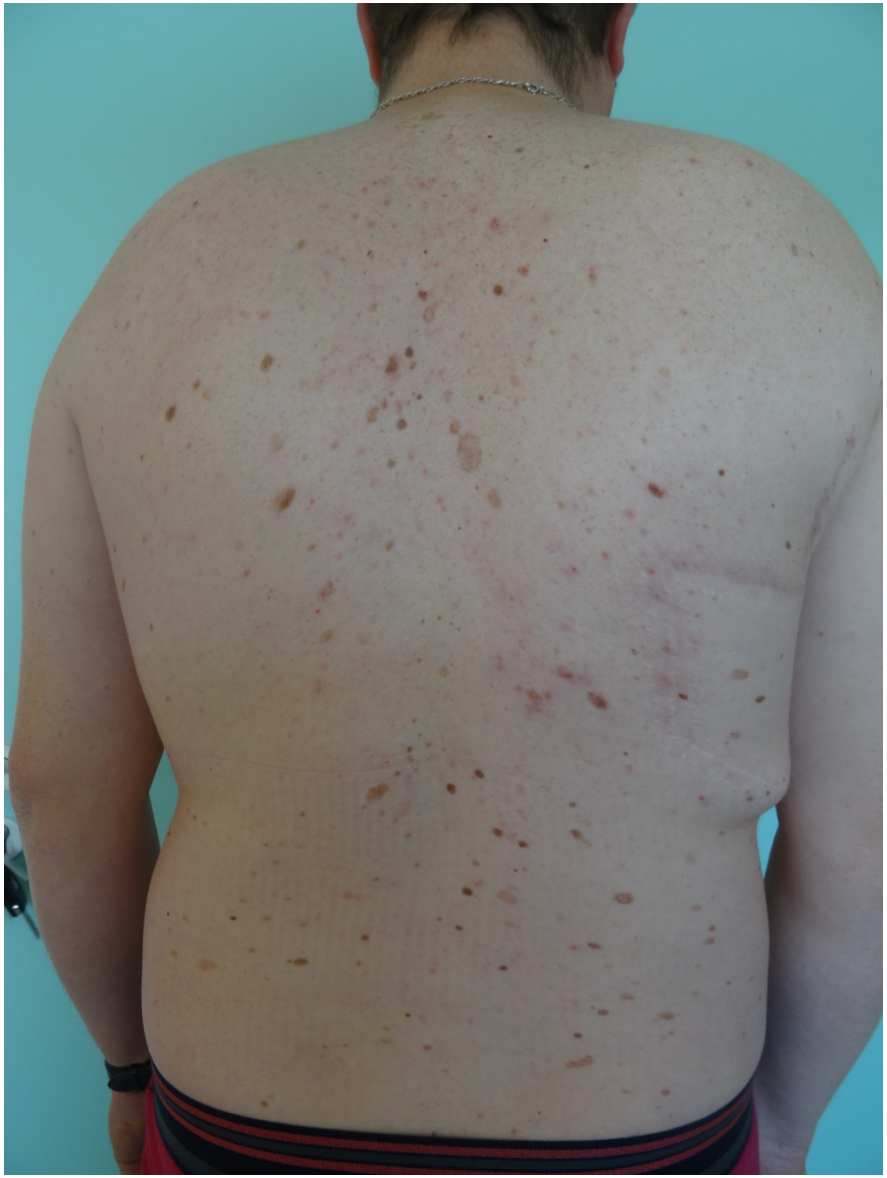

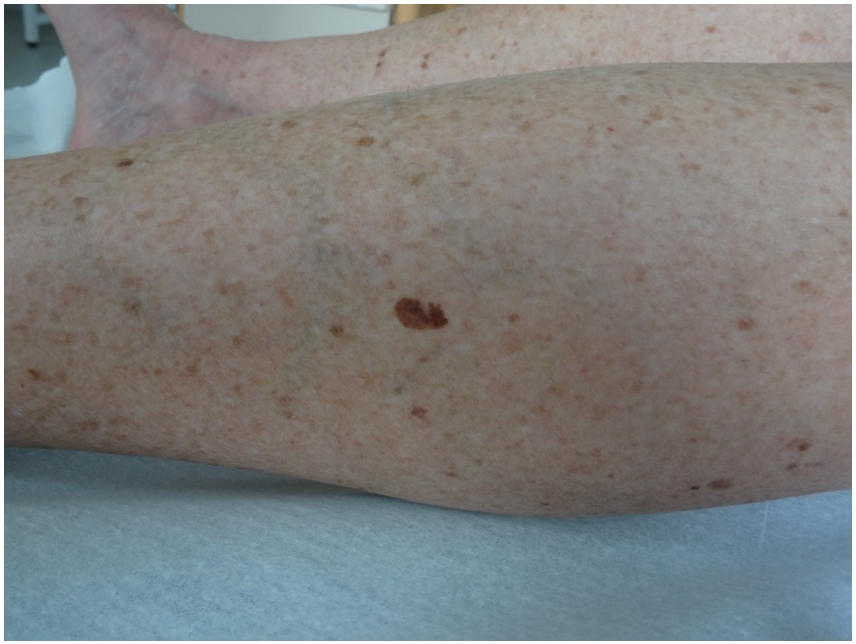

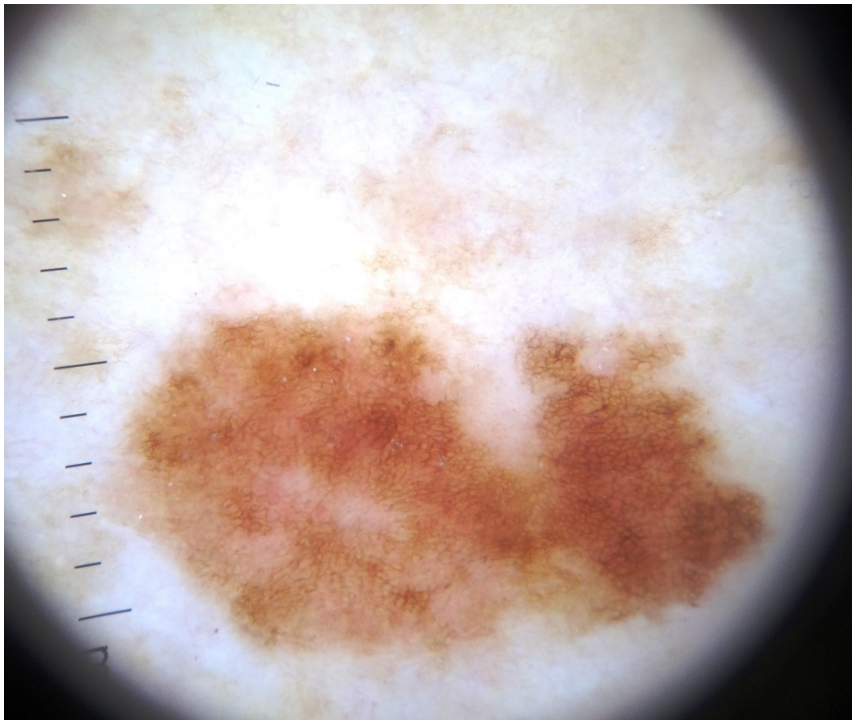

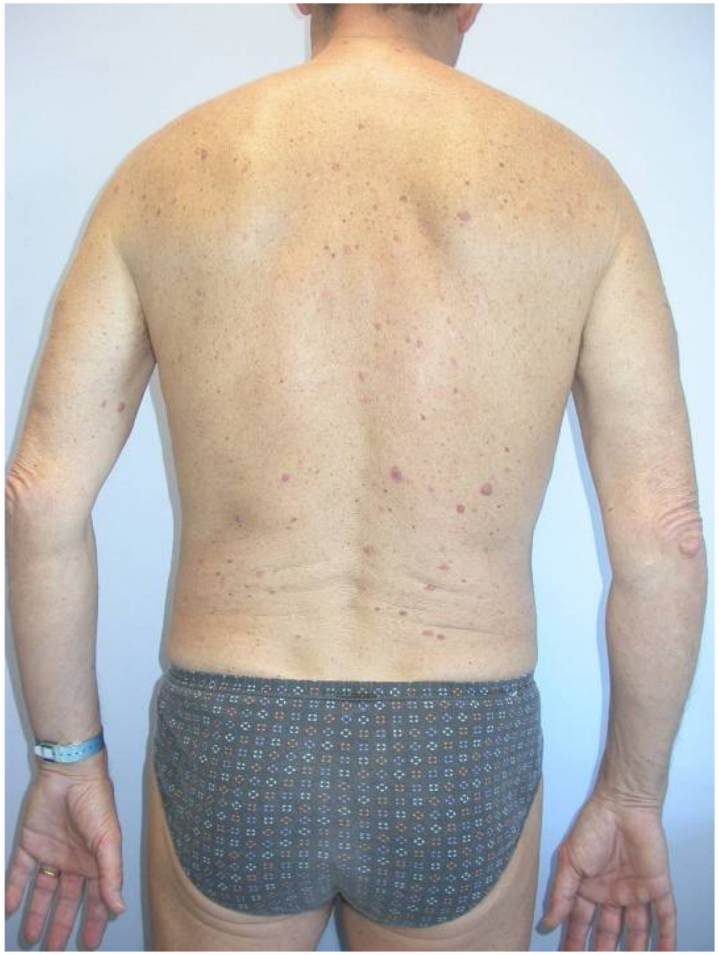

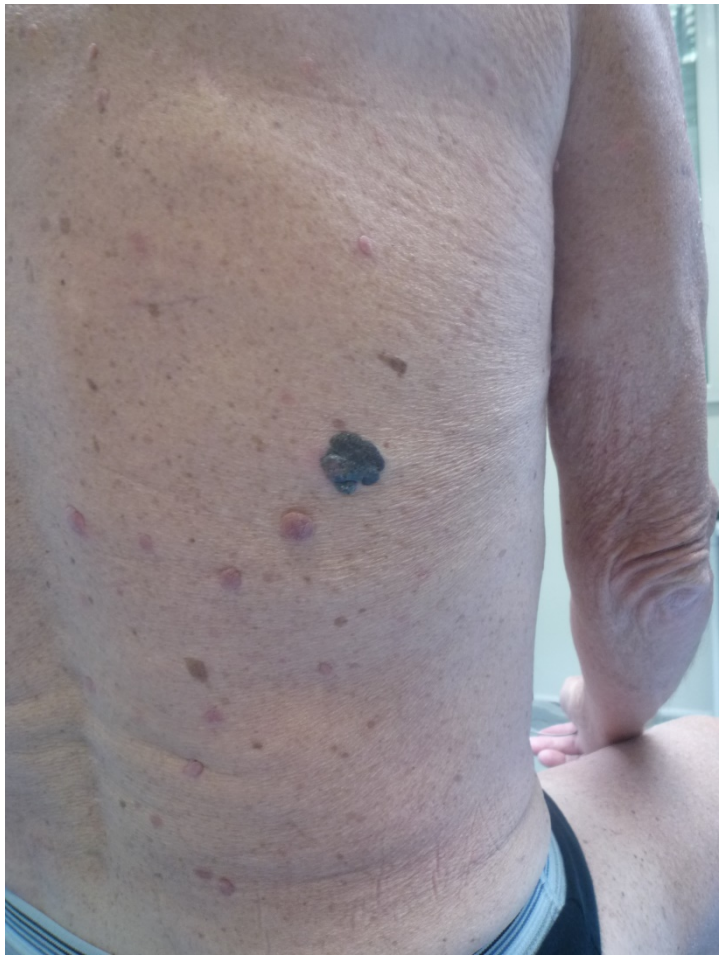

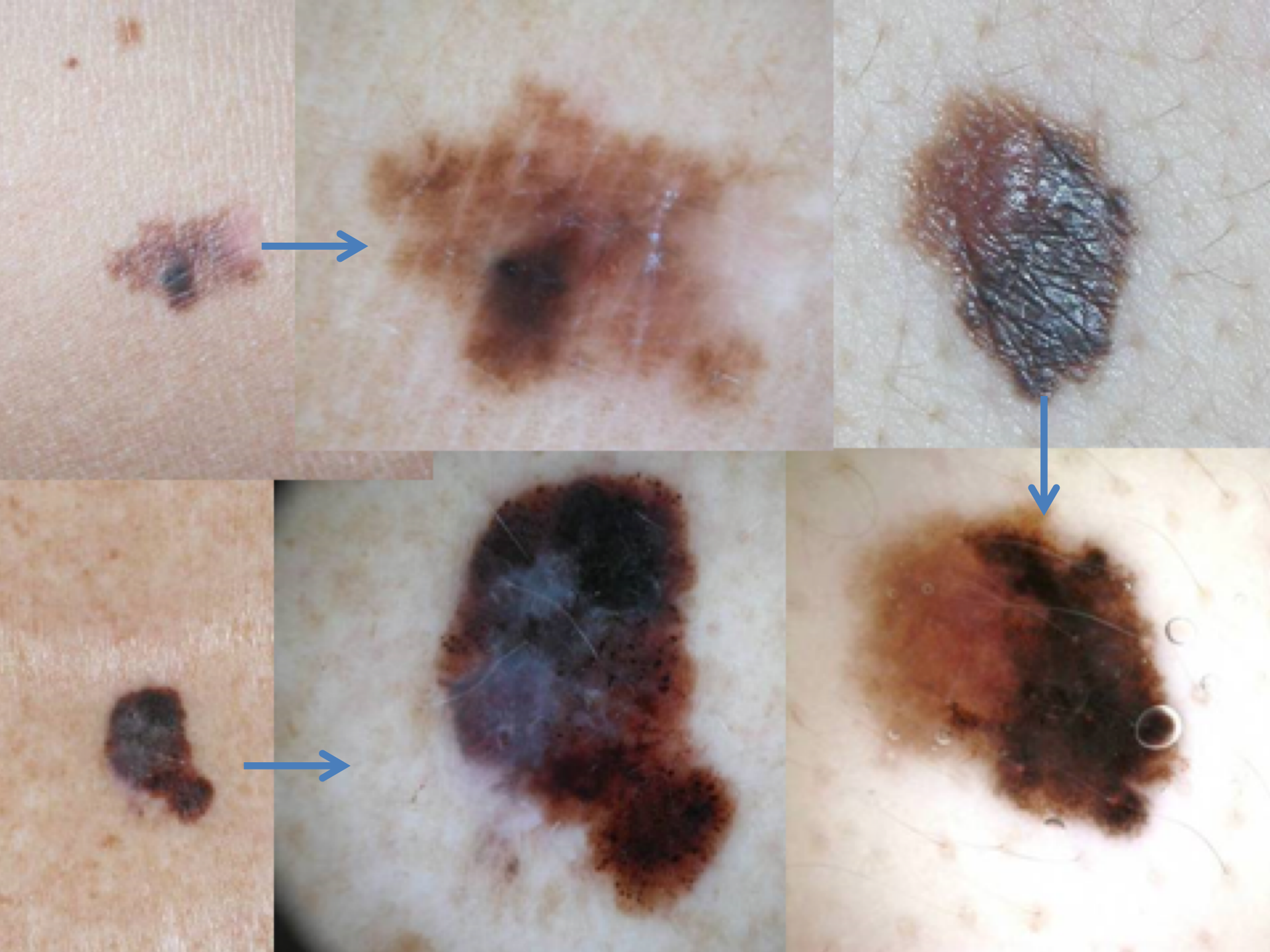

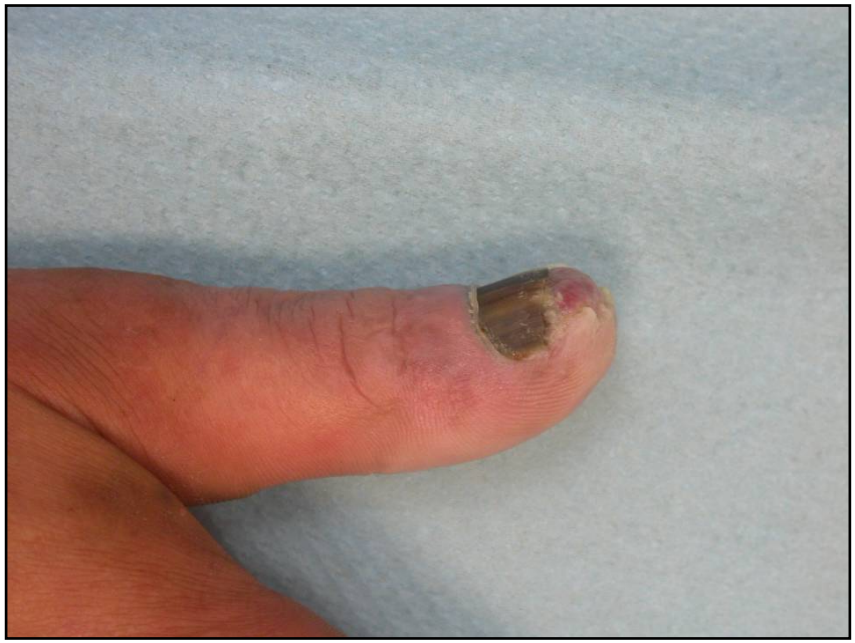

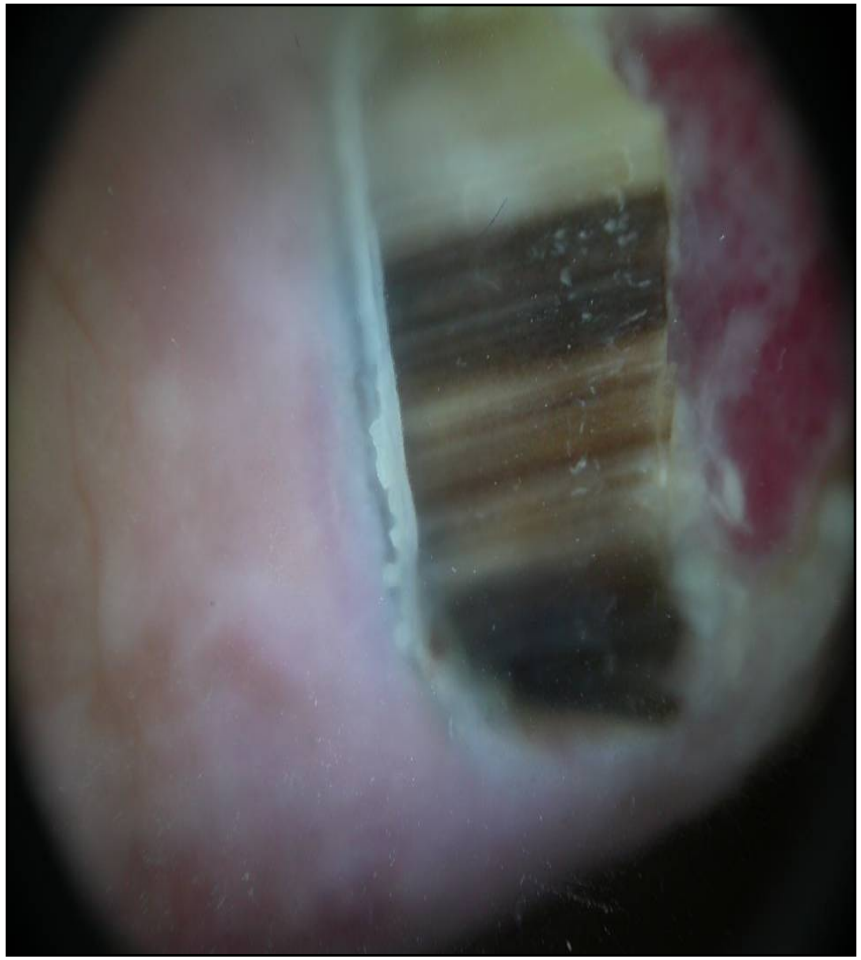

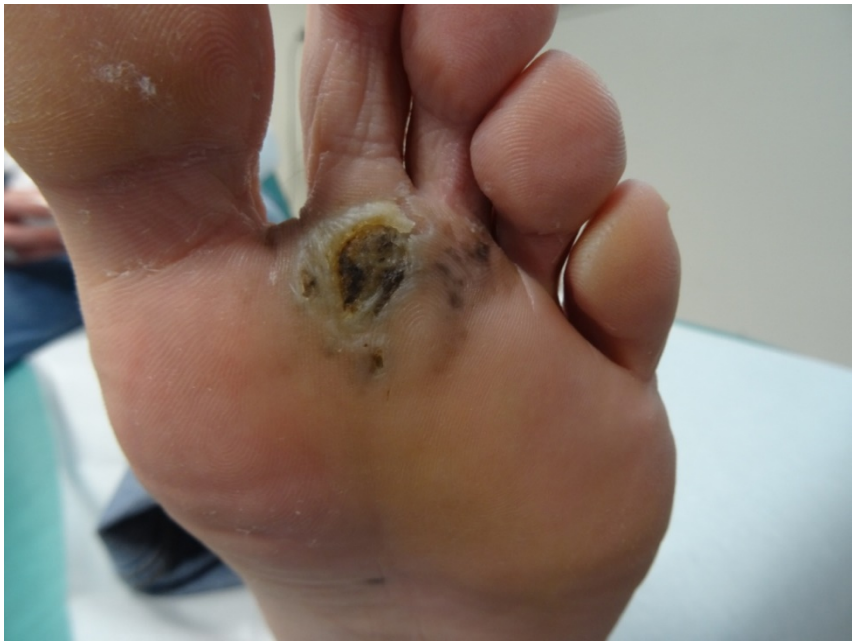

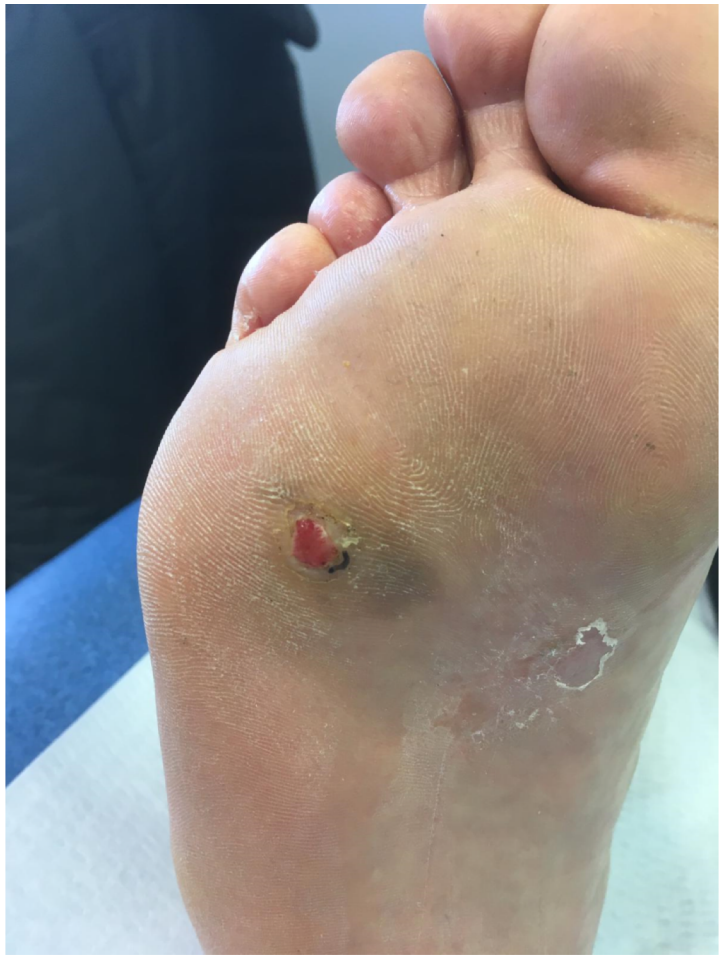

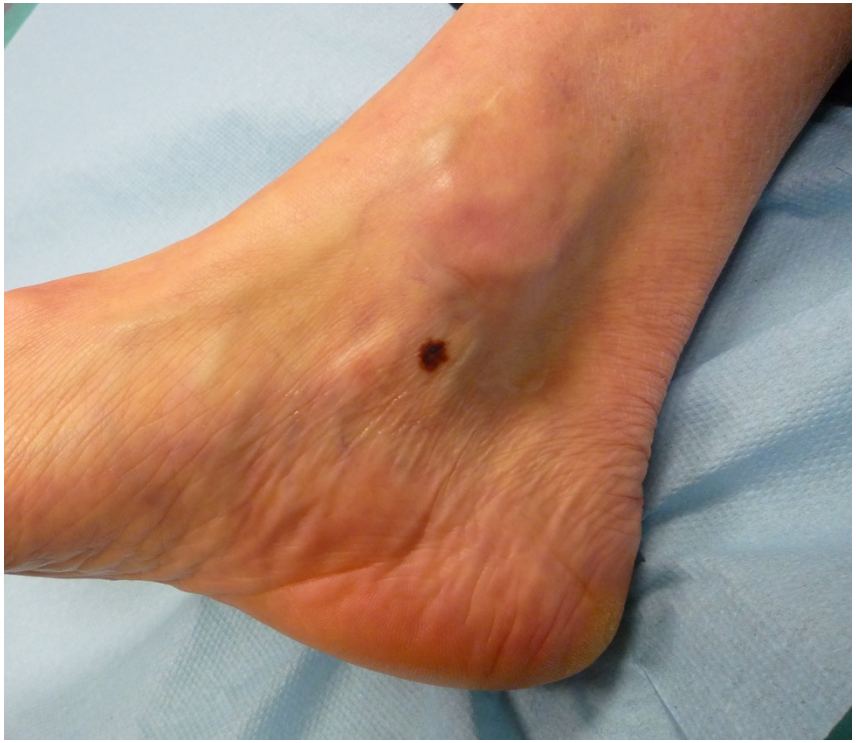

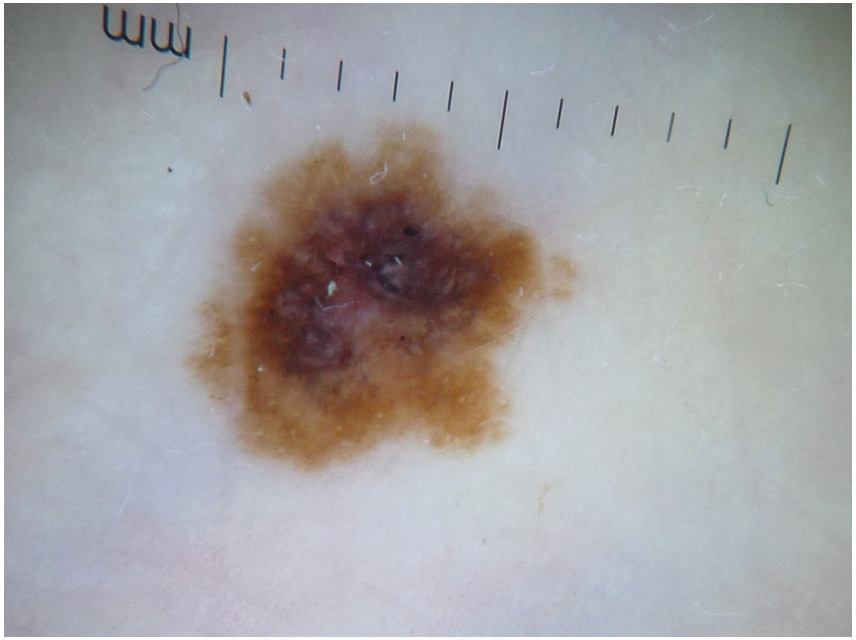

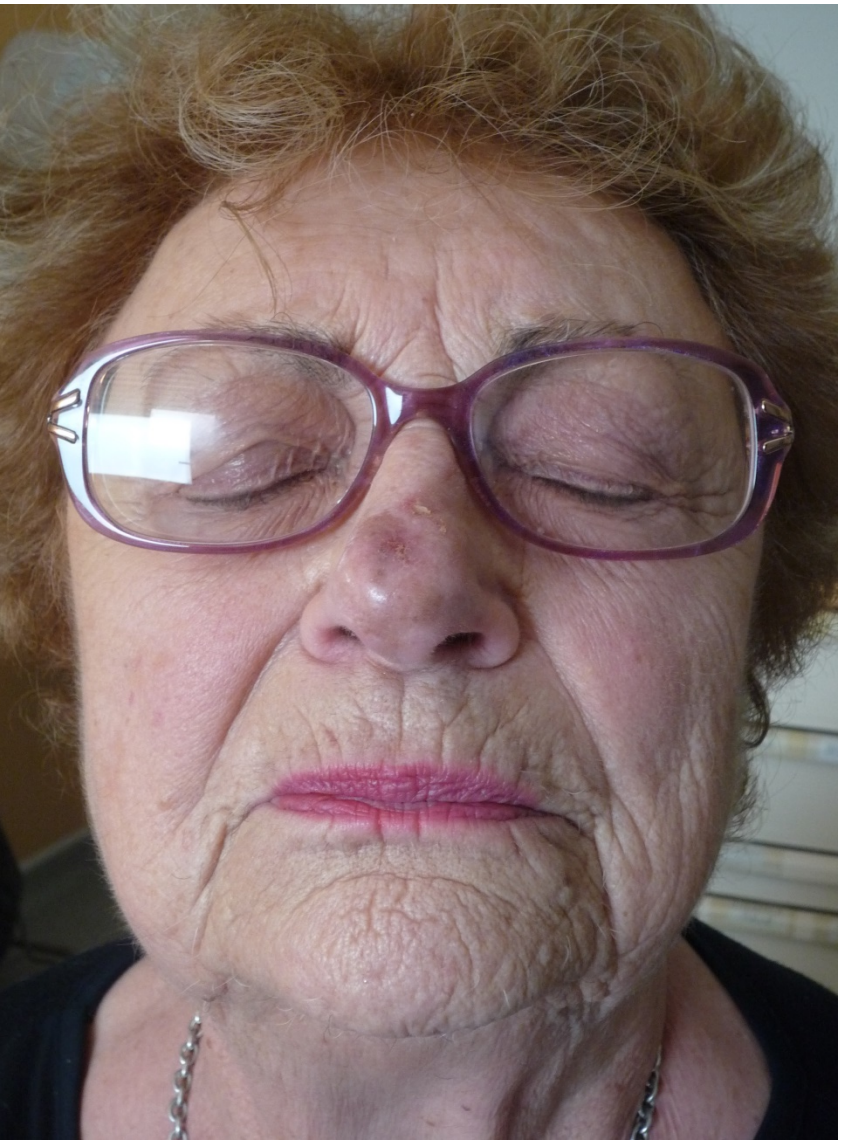

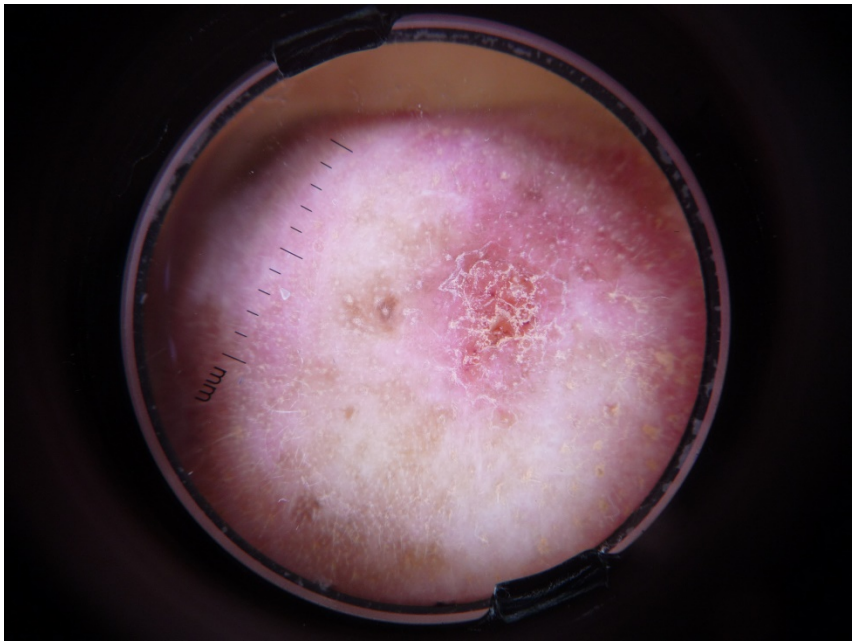
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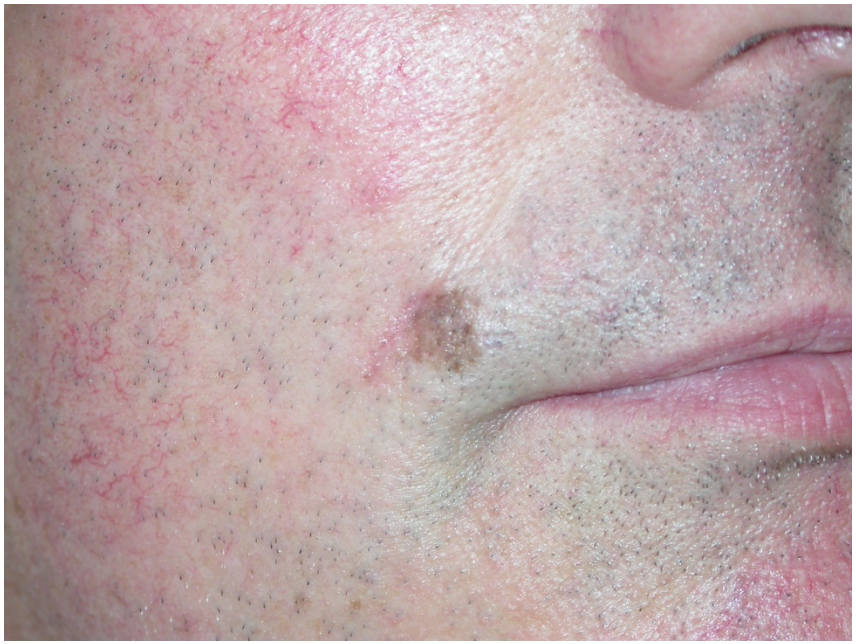
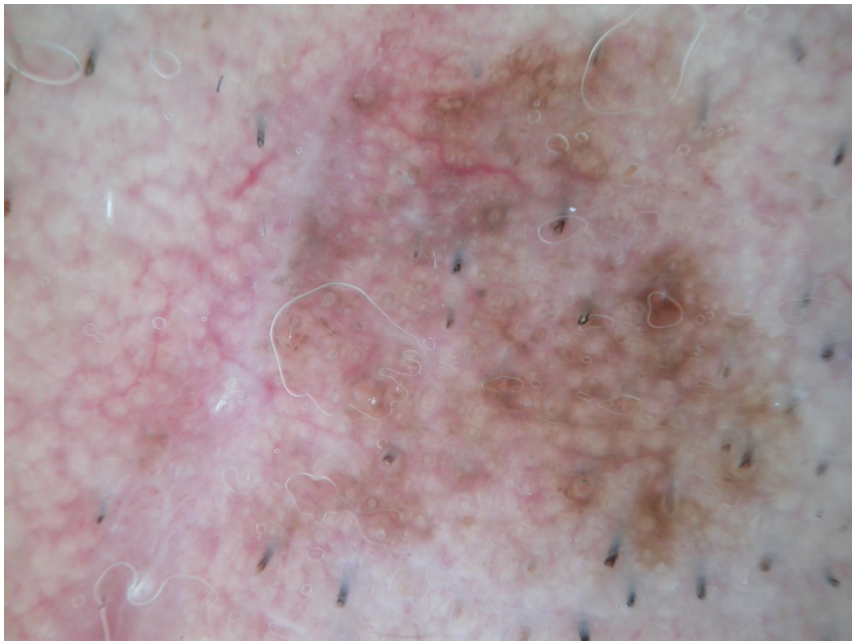
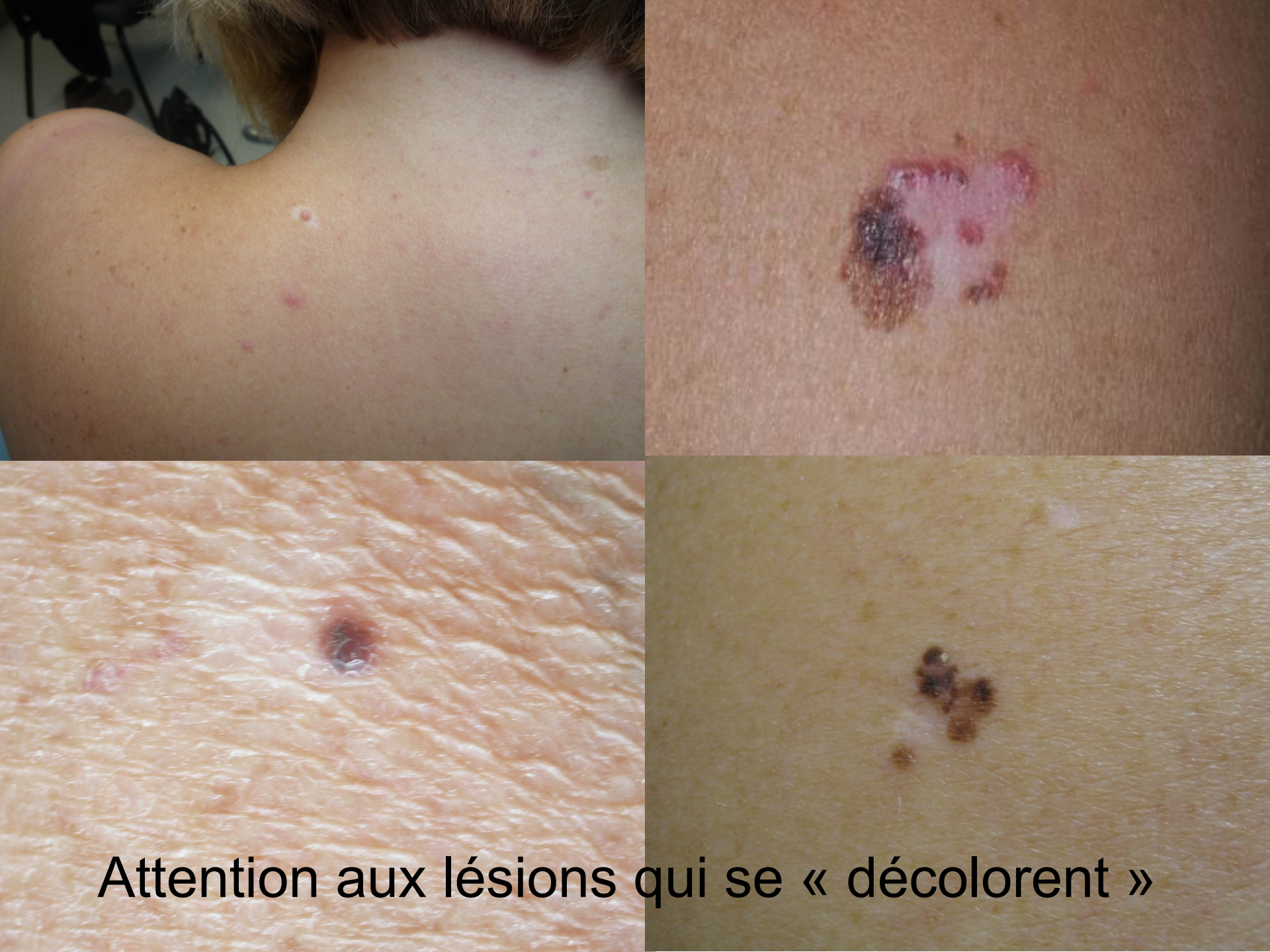
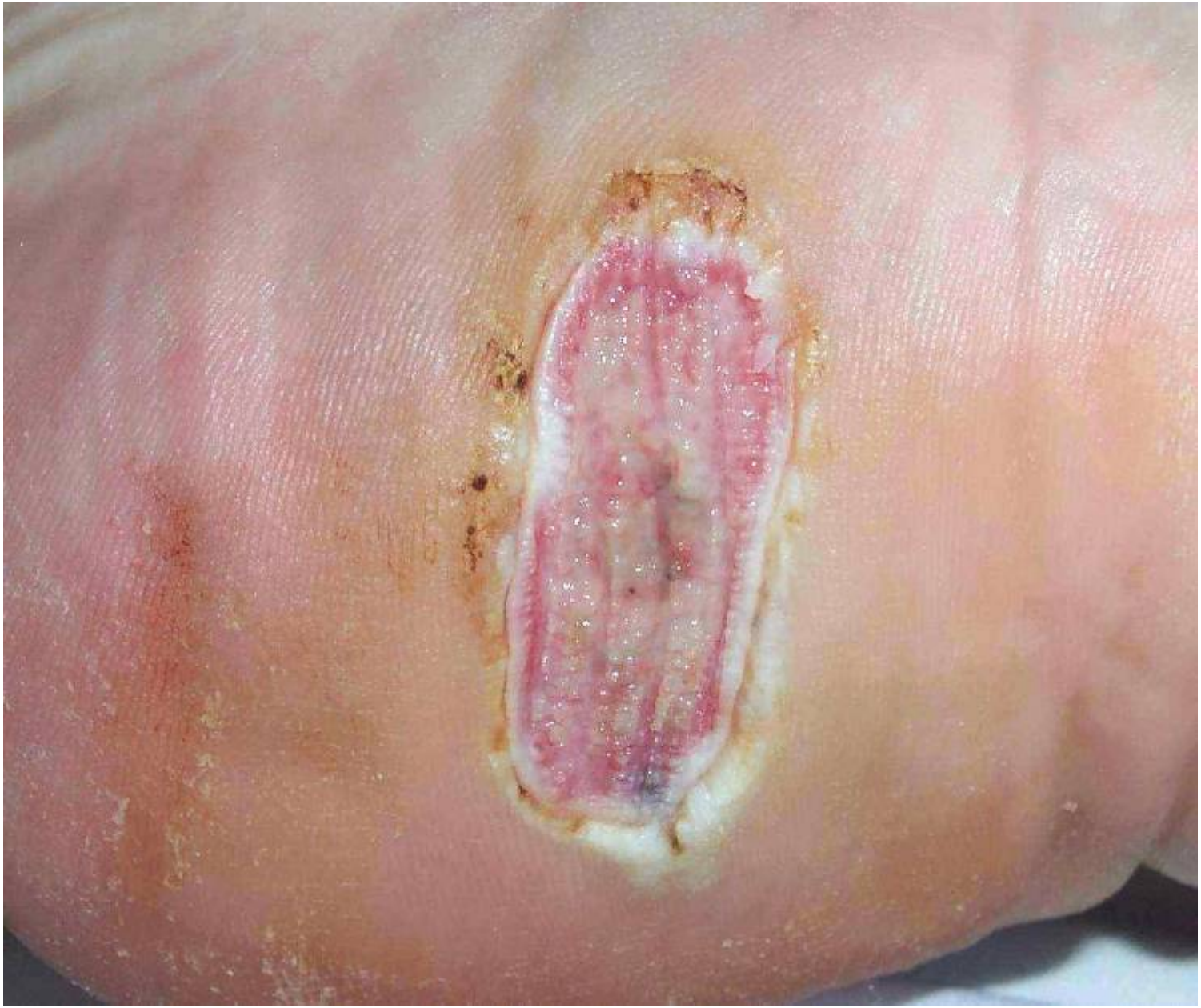
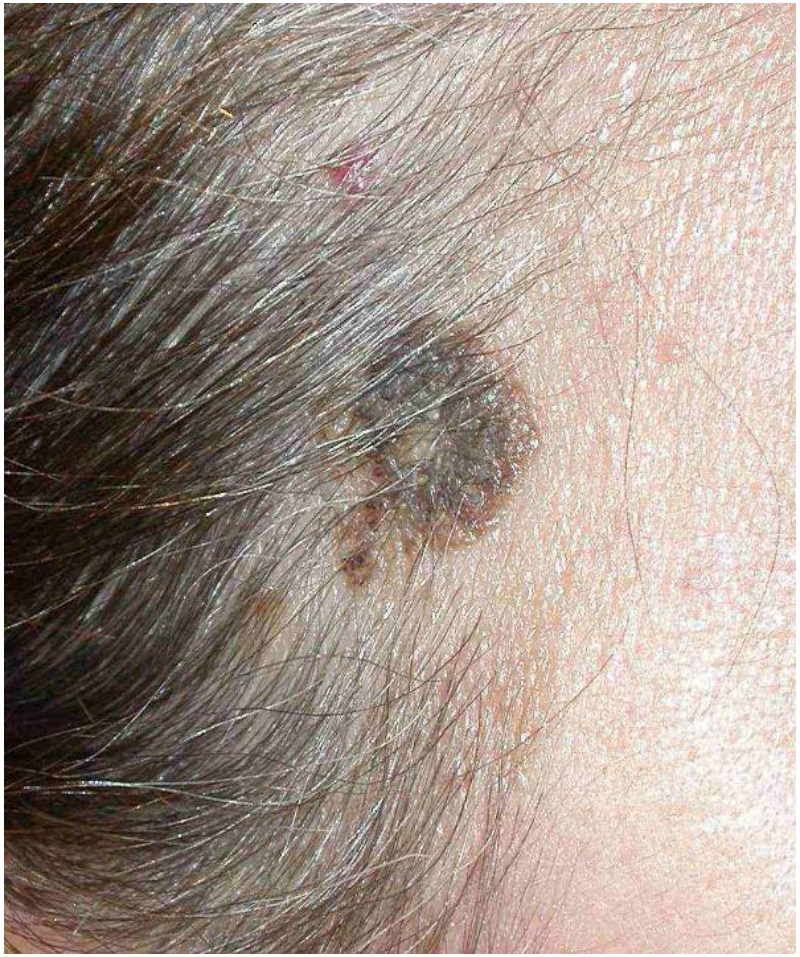






Attention aux lésions qui se « décolorent »





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Review article

Discovered cancers at postmortem donor examination: A starting point for quality improvement of donor assessment

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Table 1
Summary of cancers discovered with whole autopsy.

Cancer type	N	Demographic data	Donor study	Clinico-pathological details	Organs transplanted	Outcome
Lymphoma	13	6 M, 2 F, 5 NA 19–70 years	MRI in 1 case, NA for others	8 NHL NOS, 1 intravascular, 1 CLL, 1 DLBCL, 1 CNS NHL, 1 T lymphoblastic	1 heart, 1 liver, tissue grafts, 15 kidneys, NA for others	Transmission in 10 cases, no transmission in 4 cases, NA for others
Renal cell carcinoma	11	1 M, 10 NA Age NA	NA	11 RCC NOS	4 kidneys, 2 lungs, 1 heart, tissue grafts, NA for others	Transmission in 4 cases, no transmission in 2, NA for others
Non-small cell lung cancer	10	4 M, 2 F, 4 NA 36–75 years	CRX and CT in 2 cases, NA for others	5 adenocarcinoma, 5 NOS	7 kidneys, 1 liver, 1 heart, 1 NA	Transmission in 6 cases, explanted kidneys in 2, NA for others
Melanoma	10	2 M, NA for others Age NA	NA	CNS mtx in 4 cases, spleen mtx in 1 case	7 kidney, 1 liver, 2 heart	Transmission in 6 cases, explant in 1 case, no transmission in 1 case, NA for others
Choriocarcinoma	6	6 F 26–30 years	NA	CNS mtx in 3 cases	4 kidneys, 2 liver, 2 heart, 2 lungs, 1 pancreas	Transmission in all cases
Glioblastoma	6	2 M, 4 NA 46–47 years	CRX and CT in 1 case, NA for others	None of the GBM was known before donation	2 lung, 1 liver, 1 multiorgan, 2 NA	Transmission to the lung recipients
Sarcoma	5	2 M 1F, 2 NA 43–48 years	MRI in 1 case	3 angiosarcoma, 1 fibrosarcoma, 1 sarcoma NOS	2 lung, 2 kidney, 1 cornea, 1 liver, 1 heart	3 explanted, no transmission in 1 case, NA for others
Prostate	5	53–71 years	NA	Mtx in 1 case, size 0.5–1.3 cm in 2 cases	1 heart, 2 liver 2 NA	Transmission in the heart recipient
Breast cancer	3	NA	CRX, US and CT in 2 cases, 1 NA	Size 0.3–0.5 cm in 2 cases, 1 ductal, 1 lobular 1 NA	4 kidneys, 1 liver, 1 NA	NA
Other	22	7 M, 3 F, 12 NA 1–61 years	Total body CT in 1 case, NA for others	3 NET 2 pheocromocytoma 2 plasmacytoma 2 HCC 2 SCC cervix 2 meningioma 1 PTC 1 MTC 1 cholangiocarcinoma 1 myeloma 1 ALL 1 PNET 1 myxoma 1 mesothelioma 1 liver cancer NOS	5 tissue donors, 15 kidneys, 4 heart, 2 liver, NA for others	Transmission in 3 cases (PNET, mesothelioma, high grade meningioma), 3 explants, NA for others

Merci

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REVIEW ARTICLE

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Organ transplantation and outcomes in patients with a past history of melanoma: A systematic review and meta-analysis

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Abstract

Background: The incidence of melanoma is steadily rising around the world. There is uncertainty about the safety of solid organ transplantation in patients with a prior history of melanoma.

Aim: To review studies reporting patients with a history of melanoma before solid organ transplantation.

Methods: Electronic searches of Medline, Embase, and the Cochrane library up to March 2020. All study designs, in any language and without sample size restriction, were eligible for inclusion. Risk of bias was assessed using established tools, and meta-analysis was performed using a random-effects model.

Results: We identified 41 studies reporting 703 100 transplant recipients and 1692 had pre-transplantation melanomas. Risk of death, expressed as a hazard ratio, in patients with pre-transplantation melanoma relative to those without prior melanoma, was 1.32 (95% CI: 1.09–1.59). After transplantation, 13.1% of patients with pre-transplantation melanoma developed new or recurrent melanoma (IQR: 4.8%–18.2%).

Conclusions: Around 1-in-400 transplant recipients had a prior history of melanoma. This was associated with a greater than 1-in-10 risk of new or recurrent melanoma after transplantation and an increased risk of death. A 5-year waiting time between a melanoma diagnosis and transplantation has been recommended based on historic registry data, but very little additional information is available to justify or revise this.

KEYWORDS
melanoma, meta-analysis, solid organ, systematic review, transplantation