

Alternaria infection occurring in an indigenous renal transplant patient

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A female indigenous renal transplant patient presented with a new hyperkeratotic nodule on her lower leg. A diagnosis of alternaria infection was made. The difficulties of managing this infection in an immunocompromised patient are discussed.

Calciphylaxis, Early identification and management: A report of 3 cases

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Patients with end-stage renal disease often suffer from dermatological disorders secondary to uraemic complications, ranging from uncomfortable to life-threatening.

Calcific uraemic arteriopathy (CUA), or calciphylaxis, is a life-threatening calcification of arterioles leading to necrotic infarcts of the skin and subcutaneous tissue (panniculus adiposus) with a high potential to progress to bacterial sepsis and death. The incidence of CUA is approximately 4.1% in patients on dialysis with the reported incidence increasing over the past 10 years.

CUA is associated with significant morbidity and high mortality. Data is limited, but studies suggest an 8-fold increase in the risk of death compared to controls and a one year cause-specific survival rate of 45.8%.

Early signs: Sudden onset of erythema and livedo reticularis pattern commonly on the abdomen, hips and thighs, followed in several days by palpable, painful, pre-ulcerative, subcutaneous plaques with surrounding pruritic areas. Subsequently, these areas ulcerate revealing regions of necrotic subcutaneous adipose tissue covered by eschars.

Risk Factors: Female, Caucasian, obesity, diabetes mellitus, time on dialysis, systemic corticosteroid use, laboratory findings: low serum albumin, elevated serum phosphate, elevated serum alkaline phosphatase.

Management: Aggressive wound care consisting of frequent debridement, vacuum dressings and systemic antibiotics; pain management and maintenance of good nutrition; oral and intravenous bisphosphonates and hyperbaric oxygen therapy.

Optimally, CUA is prevented; early diagnosis significantly improves the prognosis, therefore the diagnostician must

maintain a high degree of suspicion with patients showing early dermatological, pre-ulcerative signs of CUA. Diagnosis is initially clinical with later histological confirmation of vascular calcification and fibrosis.

The efficacy and safety of topical 5% 5-Fluorouracil in renal transplant recipients for the treatment of actinic keratoses

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Introduction: Actinic Keratoses (AKs) occur more commonly and behave more aggressively in Renal Transplant Recipients (RTRs). Topical 5% 5-Fluorouracil (5-FU) cream is a commonly used agent whose efficacy and safety have never been studied in the RTR population before.

Methods: Eight RTRs were enrolled and applied 5% 5-FU cream to AK lesions on their face, twice daily for three weeks. They were reviewed at 2 weeks, 8 weeks and 12 months post-commencement of treatment. Their AK lesions were counted and their cumulative surface areas measured. Patients completed surveys monitoring adverse effects and tolerability. Complete and partial clearance rates were measured, as well as mean percentages of reduction in surface area.

Results: Patients had complete clearance rates of 62.5% and 0% at 8 weeks and 12 months respectively. A further 37.5% of patients had partial clearance at Week 8 and 71% at 12 months. Patients had on average 14.5 AKs at Week 0, and 0.5 and 2.67 at 8 weeks and 12 months respectively. The mean AK clearance rate was 98% at Week 8 and 79% at 12 months. Common side effects were erythema, itch and flaking/scaling, mostly mild in severity.

Conclusion: 5-FU appears to be an efficacious and safe treatment for AKs in RTRs.

Scabies and skin infection in Nusa Tenggara Timor – A collaborative foray into field research

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As in many areas of the developing world, scabies is an endemic problem in the remote and regional areas of Nusa Tenggara Timor (West Timor). As our near neighbours, we can assist in the transfer of knowledge and skills in terms of