Hairy Leucoplakia in Liver Transplant Patient

MAURIZIO REGGIANI and PAOLO PAULUZZI

Department of Dermatology, University of Bologna, Italy

Oral hairy leucoplakia has been described only in patients infected with the human immunodeficiency virus (HIV) and is a significant predictor for the subsequent development of AIDS. The occurrence of hairy leucoplakia in a liver transplant patient suggests that the lesion is not restricted to HIV seropositive individuals, but can be found in other categories of immunosuppressed patients.

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M. Reggiani, Department of Dermatology, University of Bologna, Via Massarenti 1, 40138 Bologna, Italy.

Hairy leucoplakia is a white lesion usually occurring on the lateral margin of the tongue. Most patients are homosexual males, many of whom have developed full-blown AIDS (1, 2). There is evidence that these patients are immunosuppressed (3) and in our opinion hairy leucoplakia can be found in drug immunosuppressed patients too.

CASE REPORT

A 46-year-old liver transplant female patient, suffering from alcoholic cirrhosis, was treated with immunosuppressive therapy based on cyclosporin A (2 mg/kg/d IV), methylprednisolone (a five-day cycle of 100, 80, 60, 40 mg IV) and azathioprine (2 mg/kg/d orally). One rejection episode was successfully treated by 1 g of methylprednisolone intravenously, monoclonal antibody (OKT 3) and antilymphocytic globulin.

When oral diet was tolerated, 7 mg/kg/d cyclosporin A was introduced and the IV dose was lowered to obtain 700–900 μg/ml blood levels of cyclosporin. The maintenence dose of steriod was tapered to 30 mg/d of deflazacort orally.

One month after transplantation the patient complained of white lesions located on the lateral margin of the tongue. The lesions showed a corrugated surface with poorly demarcated borders. They increased from a few millimetres to 3×2 cm in size, did not rub off and were symptomless. Candida was not found in culture from the scraping of the lesions. Serum was positive for antibodies to Epstein-Barr virus (VCA and EBNA) using IIIgG and IIF respectively and negative for antibodies to Epstein-Barr virus (VCA) using IIIgM. Serum from the patient contained antibodies to cytomegalovirus using EAIIgG and EAIIgM. Antibodies to herpes simplex were 1:160 using FC. Antibodes to HIV using ELISA were

not found either at the moment of the appearance of the lesion or six months later.

Biopsy was not performed because the patient had poor coagulative function due to her hepatic situation.

DISCUSSION

Up to now, hairy leucoplakia has been found only in HIV seropositive patients: the probability of AIDS developing in the patients with hairy leucoplakia is 48% after 16 months and 83% after 31 months (4).

Our immunosuppressed patient presents the typical features of hairy leucoplakia, but she is seronegative for HIV antibodies.

The occurrence of hairy leucoplakia in a liver transplant patient suggests that the lesion is not restricted to HIV seropositive individuals, but can be found in other categories of immunosuppressed patients (5).

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