

TREATMENT

Infections can be treated with creams or antibiotic tablets, but warts are very difficult to treat.

Tumours can be treated by freezing the area (cryotherapy), or scraping off the spot or cutting it out completely (which requires stitches).

GENERAL ADVICE

- Look after skin, do not sunbathe but instead sit in the shade and always keep covered up. Remember, even on a fairly dull day there can be sun damage.
- Moisturise skin daily. A good cream is Epaderm.
- If itch is a problem try Epaderm, Eurax or 1% menthol in aqueous cream. Many people also find tea tree oil helpful.
- Keep an eye on your skin and if changes are noted never be afraid to ask your GP or Hospital Doctor to look at the problem they will refer you to the Dermatology Department if necessary.

In the production of this information leaflet we are indebted to Dr Sara Brown, Dermatology Specialist Registrar, Royal Victoria Infirmary, Newcastle upon Tyne.

SKIN CARE IN LIVER PATIENTS AND TRANSPLANT PATIENTS

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People with liver disease can show various skin changes which you may notice yourself or your doctor may look for, including:

Jaundice yellow skin and eyes
Red hands especially the palms
Swollen blood vessels in the skin
Bruises
Itching

Transplant patients can also suffer from side effects of their medication and have skin problems caused by the immunosuppression therapies.

Drug Side Effects seen in the skin / hair / mouth

Steroids, the most commonly used immunosuppressive drug causes:

- Skin thinning
- Bruising
- Stretch marks
- Acne

Cyclosporin, another early immunosuppressant, can cause:

- Excessive hairiness, including facial hair in women
- Gum swelling
- Swelling of oil-producing glands in the skin, producing yellowish spots on the face

Azathioprine, a drug regularly given following transplant, can cause:

- Allergic rash
- Hair thinning

Tacrolimus, the second wave of immunosuppressant, can cause:

- Allergic rash
- Hair thinning or excessive hair growth

- Itch
- Sweatiness

Mycophenolate mofetil, one of the newest immunosuppressants, rarely causes rashes but can cause:

- Acne

Skin Problems Caused by Immunosuppression

Immunosuppressive treatments stop your body rejecting the transplant, but they also therefore reduce your body's ability to fight off infections and tumours on the skin.

Infections:

- Warts a virus infection
- Shingles the same virus that causes chicken pox
- Impetigo and cellulitis bacterial infection
- Thrush and athlete's foot caused by yeasts and fungi

Tumours on the Skin:

The combination of sunshine and the immunosuppressive drugs causes an increased risk of skin cancer.

Look out for any of the following changes around moles or on normal skin:

- Red, scaly, crusty spots
- Bleeding
- Spot that is not going away / growing
- Mole changing shape or colour

If any of these changes occur please discuss them with your doctor, who may refer you to the

Dermatology Department. It may be that they are one of the following:

- AK Actinic Keratosis (an early change, and not cancerous, but can be treated easily if thought necessary)
- SCC Squamous Cell Carcinoma (a cancer and should be treated as soon as possible)
- BCC - Basal Cell Carcinoma (rodent ulcer a very slow-growing cancer that should be removed)
- Melanoma (the most severe form of skin cancer).

PREVENTION

(PREVENTION IS BETTER THAN CURE!)

- SUN PROTECTION covering up with clothes, long sleeved tops, hats, etc is best; sun tan lotions help if you cannot avoid sun exposure choose one with a high UVA and UVB factor.
- SEE YOUR DOCTOR do this as soon as possible if you notice any of the changes listed above; it is always better to go early. If it is not serious the doctor and the Dermatology Department will be only too happy to reassure you. Sadly some people wait until it is a difficult operation, or in some cases until it is too late.
- MINIMISE IMMUNOSUPPRESSIVE DRUGS your Consultant will always try to do this, but obviously the drugs are needed to protect your liver from disease or rejection.