

Gabriela de Assis Ramos (API)<sup>1</sup>, Camila Brandão Lobo<sup>2</sup>, Taísa Domingues Bernardes Silva<sup>3</sup>,  
 Maria Cláudia Rodrigues Moreira<sup>4</sup>, Héilton Spíndola Antunes<sup>5</sup>

<sup>1</sup> AP I of the National Cancer Institute - INCA - <sup>2</sup> AP II of the National Cancer Institute - INCA - <sup>3</sup> PhD student of the National Cancer Institute - INCA  
<sup>4</sup> Bone Marrow Transplantation Center – INCA- <sup>5</sup> Coordination of Clinical Research - INCA (Advisor)

## INTRODUCTION

Hematopoietic stem cell transplantation (HSCT) has as main immunological complication the graft-versus-host disease (GVHD), which can manifest acutely or chronically in several organs. The involvement of the oral cavity by chronic GVHD is characterized mainly by lichenoid lesions, and ulcers, pseudomembranes, erythema, mucosal atrophy, hyposalivation and pain may also occur. The treatment of oral chronic GVHD is preferably done topically and may or may not be associated with systemic treatment. Dexamethasone elixir (used as a mouthwash) and tacrolimus ointment have been used in the treatment of oral lesions (Level of evidence AIII).

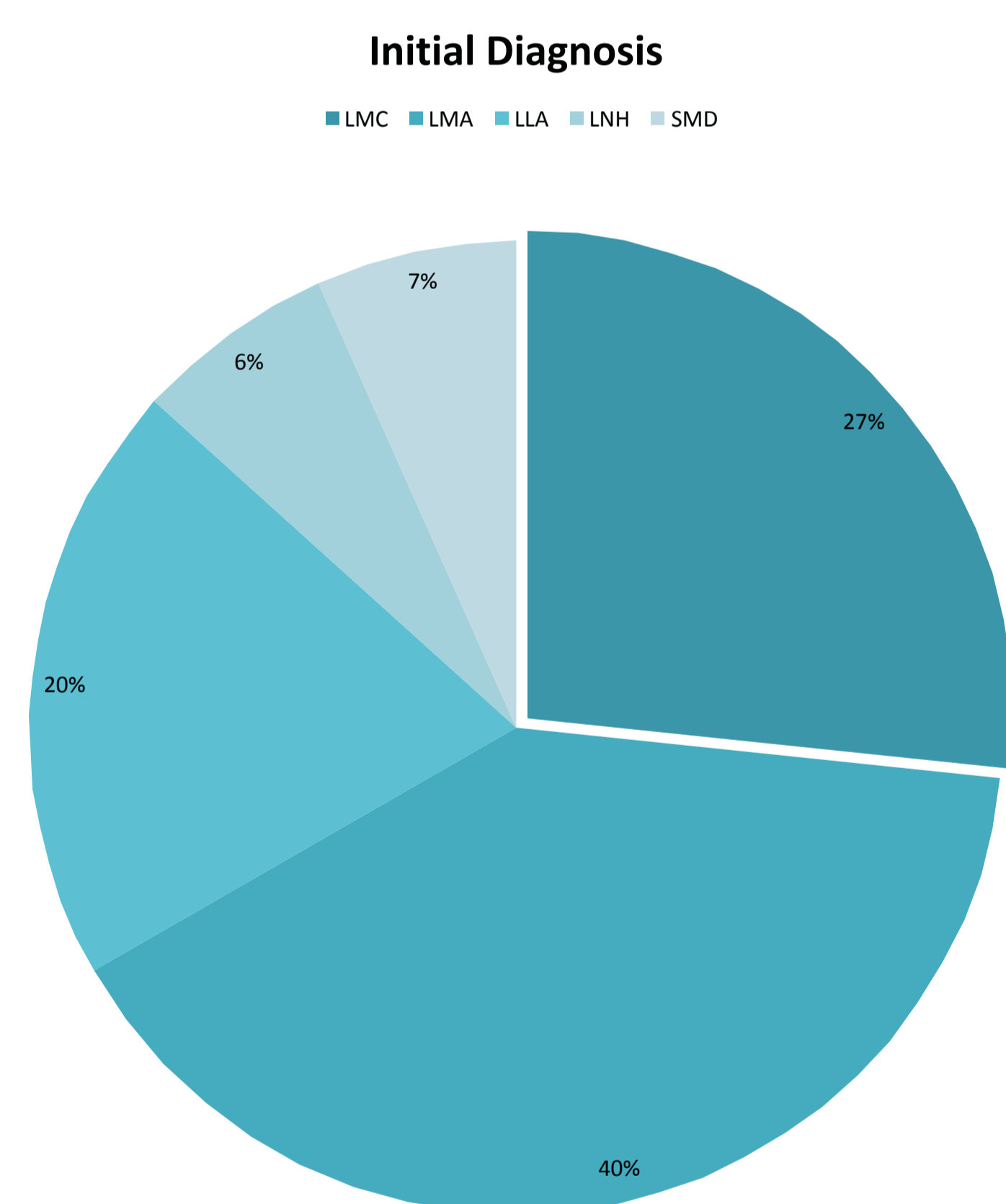
## OBJECTIVES

Evaluate in a retrospective way the response to treatment of chronic oral GVHD with dexamethasone associated or not with tacrolimus.

## METHODOLOGY

This is a retrospective study in which 30 patients were identified submitted to allogeneic HSCT with oral chronic GVHD using dexamethasone and/or topical tacrolimus and in which the response of chronic GVHD to the treatment was analyzed. 15 patient charts were analyzed through the collection of data referring to dental and medical consultations.

## PARCIAL RESULTS



### Wound healing with topical medication without associations with systemic treatment (time in days)


\*Median (Maximum - minimum)

\*\*Irregular use

### Wound healing with topical medication associated with systemic treatment (time in days)


\*Median (Maximum - minimum)

Of the 15 patients, 07 patients are female and 08 are male. The most prevalent diagnosis was Acute Myeloid Leukemia with 6 patients, followed by Chronic Myeloid Leukemia with 4, Acute Lymphocytic Leukemia with 3, non-Hodkin Lymphoma with 1 and Myelodysplastic Syndrome with 1. The type of donor in most cases was related (86.6%). The most commonly used protocol was Cyclophosphamide (CY) + Busulfan (BU) (66.6%), followed by CY + BU + ATG (13.3%), CY + Fludarabine (FLU) (6.7%), BU + FLU (6.7%) and BU + Melphalan (6.7%). Two prophylaxis for GVHD were used in these patients: CY + Methotrexate (MTX) (86.6%) and CY + mycophenolate mofetila (MMF) (13.4%). The partial results show that in 15 patients evaluated so far, the median of the time of cicatrization of erythematous and hyperkeratotic lesions and ulcers using dexamethasone associated with the systemic treatment was of 420, 98 and 199 days respectively. When we associated dexamethasone, tacrolimus and systemic treatment, the median of the time of cicatrization of erythematous and hyperkeratotic lesions and ulcers was of 52, 105 and 84 days. When topical treatment was the only treatment used, the median of the time of cicatrization of erythematous and hyperkeratotic lesions using only dexamethasone was of 141 and 138 days respectively and when only tacrolimus was used in the treatment of hyperkeratoses and ulcers, the median of the time of cicatrization of these lesions was of 167 and 196 days. It can be preliminarily concluded that dexamethasone was used more frequently than tacrolimus because it is the drug of first choice and that both medications are effective in the treatment of oral lesions due to the complexity of the disease.