Introduction from the Editors

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dvances in solid organ transplantation have led to remarkable outcomes in patients that once had few options for their failing organ systems. Since 1988, it is estimated that more than 634,000 organ transplantations have been performed successfully. Today, more than 265,000 Americans are living with a transplanted organ, and in 2013, 28,954 solid organ transplants were carried out in the United States.¹ Currently, there are more than 120,000 patients awaiting organ transplantation. As our understanding of transplant biology advances, the population of patients living with a suppressed immune system grows.

Chronically immunosuppressed patients suffer from a variety of dermatologic conditions. The most concerning of these are aggressive skin cancers and atypical infections. Managing a wide range of dermatologic issues is only complicated by the underlying complex transplant immunology. Dermatologists are at the forefront to help treat these patients who have a complex variety of complicated illnesses.

With the increase in the number of transplants being performed coupled with better postoperative outcomes and survival rates after transplantation, we are treating more patients with transplant-related skin cancers. There is urgent need for improved data and guidelines on skin cancer in the transplant population. To address this deficiency and need, the American Academy of Dermatology (AAD) supported the creation of the Transplant Skin Cancer Network (TSCN). The TSCN recruited transplant dermatology leaders from academic centers from around the country to help address this growing problem. Among the goals of the TSCN was this journal supplement.

Complex Cases in Transplant Dermatology is an assemblage of cases contributed by the members of the TSCN. These unique and complementary cases were specifically selected to illustrate and discuss the intricate issues many providers encounter caring for transplant patients. Complex Cases in Transplant Dermatology aims to provide key teaching concepts in transplant dermatology and highlight recent advances and the current standard of care in our field.

We hope this series will assist dermatologists and members of the AAD provide superior care to their patients who have undergone organ transplantation. This is a valuable resource for any provider caring for transplant patients. We thank the contributors along with the AAD for their support of the TSCN and its initiatives.

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