ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

A CASE OF EARLY HAND-FOOT SKIN REACTION FROM SORAFENIB USE FOR ADVANCED HEPATOCELLULAR CARCINOMA

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Background: The use of Tyrosine Kinase Inhibitors (TKIs) has become increasingly prevalent in the management of various systemic cancers. While TKIs tend to have a more favourable side-effect profile than conventional therapeutic agents, multiple cutaneous adverse drug reactions (CADRs) have been reported, of which Hand-Foot Skin Reaction (HFSR) is one of the most common. The onset of HFSR is usually two to four weeks after initiation of TKI therapy.

Observation: A 71-year-old male with advanced hepatocellular carcinoma was started on sorafenib 400mg BD. Within two days of TKI initiation, he started developing tingling and pruritus over bilateral palms, and by the fifth day, over bilateral soles as well. On the sixth day, the patient noticed redness, painful fissuring and peeling of skin from the palms and soles, and rashes over his thighs. Dermatologic examination revealed fissured, hyperkeratotic plaques over bilateral hands and feet, with haemorrhagic deep bullae over pressure-bearing areas of bilateral soles. He was also noted to have a widespread dusky erythematous papular and macular eruption over bilateral thighs. Biopsy of the thigh plaques revealed mild epidermal spongiosis and interface vacuolar dermatitis, with no evidence of vasculitis. The diagnoses of Grade 2 HFSR, along with CADR (over thighs), were made. Sorafenib was stopped, and oral prednisolone commenced. Topical clobetasol ointment was started for the hands and feet, and mometasone cream for the rest of the affected areas on the body. On outpatient review (twelfth day of prednisolone), his symptoms were largely resolved with only residual palmoplantar scaling.

Key Message: Timely recognition and staging of HFSR will allow for reduction in morbidity, through appropriate chemotherapeutic dose reduction and topical therapy. Clinicians should maintain a high index of suspicion for HFSR if patients complain of palmar or plantar symptoms after TKI initiation, which may precede the onset of rashes by days.