



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

A CASE OF LICHENOID AND PSORIASIFORM DRUG REACTION IN A PATIENT WITH RELAPSED FOLLICULAR LYMPHOMA TREATED WITH NIVOLUMAB.

Yik Weng Yew⁽¹⁾ - Cheryl Khoong⁽¹⁾

National Skin Centre, Dermatology, Singapore, Singapore⁽¹⁾

Background: Nivolumab is an anti-programmed death receptor (PD)-1 antibody used in the treatment of metastatic melanoma and other solid tumours. Cutaneous adverse effects that have been previously more commonly reported include maculopapular rash, vitiligo and pruritus. There have been a few reports of lichenoid drug reactions, but these predominantly appeared on the chest and back, with sparing of mucous membranes. There have also been reports of psoriasis vulgaris worsening with Nivolumab.

Observation: We report a case of concurrent lichenoid and psoriasiform drug eruption developing in a 45 year old male with relapsed B cell follicular lymphoma, 5 months into his trial treatment of Nivolumab. His previous dermatological history included prurigo nodularis. There was no prior history of psoriasis. His lichenoid rash was extensive, affecting his face, trunk and extremities, with a total body surface area of 30%. Erosions were also noted over his lips and corona sulcus of the penis. There was a psoriasiform rash scattered over his lower limbs.

A skin biopsy over the trunk was performed, which showed a lichenoid infiltrate of lymphocytes within the upper dermis in association with prominent basal vacuolar alteration, together with features of lichenoid and interface dermatitis involving the hair follicle and eccrine duct. These were consistent with the clinical diagnosis of lichenoid drug eruption. He responded to potent topical steroids and considerations were made to continue his Nivolumab therapy with low dose oral corticosteroids.

Key message: Previous lichenoid drug reactions to Nivolumab as well as worsening of psoriasis have been reported in the treatment with PD-1 inhibitors, but to our best knowledge, there have been no reports on concurrent lichenoid and psoriasiform drug reactions to Nivolumab in the treatment of follicular lymphoma. Clinicians should be aware of the possibility of atypical and concurrent cutaneous drug eruptions secondary to such PD-1 inhibitors.

