ABSTRACT BOOK

ABSTRACTS

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ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

EXEMESTANE INDUCED LEUKOCYTOCLASTIC VASCULITIS PRESENTING AS PSEUDOCELLULITIS

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Background: Exemestane is an aromatase inhibitor increasingly incorporated into the treatment strategy of hormone sensitive breast cancer. Pseudocellulitis is a term used to describe an uncomplicated non-necrotising inflammation of the dermis and hypodermis from a non-infectious aetiology. It presents with erythema, swelling, warmth and tenderness of the affected skin – not unlike cellulitis. We report a case of exemestane induced pseudocellulitis.

Observation: A 47-year-old Indian woman presented with 2 day history of redness and swelling of her left lower limb. There was no pain, fever or other constitutional symptoms. She had started taking exemestane 2 days prior to the onset of rash for right breast cancer. Prior to this, she had been taking tamoxifen hormonal therapy for 5 years. On examination, there was erythema, oedema and warmth over the left calf extending up to the thigh. Laboratory investigations including inflammatory markers and blood cultures were unremarkable. A doppler ultrasound scan did not reveal evidence of deep vein thrombosis. A skin punch biopsy showed dermal inflammatory infiltrate composed of lymphocytes, histiocytes and scattered eosinophils and neutrophils, concentrated in the superficial and deep perivascular regions suggestive of a leukocytoclastic vasculitis. The diagnosis of exemestane induced leukocytoclastic vasculitis presenting as pseudocellulitis was made. She was given a tapering course of systemic prednisolone over 2 weeks, analgesia and advised leg elevation. The cutaneous lesions resolved completely within 2 weeks.

Key message: This is the first reported case of exemestane induced pseudocellulitis in the literature to our knowledge. Dermatologists and clinicians should be aware of this peculiar adverse drug reaction to avoid misdiagnosis and prevent unnecessary treatment.

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