ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

GRANULOMATOUS TATTOO REACTION DURING TREATMENT WITH DABRAFENIB AND TRAMETINIB FOR METASTATIC MELANOMA

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Background: The most common dermatological tattoo complications are represented by hypersensitivity reactions to tattoo pigments (irritant and allergic contact dermatitis), development of lichenoid areas and granulomatous responses (sarcoid granulomas or foreign body granulomas). Less frequently, patients develop discoid lupus erythematous or pseudolymphoma.

Observation: We report a 57-year old white male patient who was diagnosed with an invasive cutaneous melanoma on the right thigh, 17 mm in thickness and ulcerated. Total body CT scans showed nodal metastases in homolateral inguinal and iliac regions. Histopathological examination after lymphadenectomy revealed metastases in 5 of the 17 analyzed lymph nodes. However, PET-CT scans showed residual tumor in the right iliac region. Molecular analysis revealed positivity of the BRAF V600E mutation therefore the patient initiated the combination treatment with dabrafenib and trametinib. After two months of treatment, he developed erythematous and infiltrated papules and nodules, painful to palpation, in a permanent black tattoo of the right deltoid region which had been present for 30 years, suggesting the clinical diagnosis of a granulomatous tattoo reaction. Histopathological examination revealed granulomatous folliculitis. Complete remission was obtained after 2 weeks of topical steroid treatment. The patient is currently under combination treatment with dabrafenib and trametinib with no recurrence of the cutaneous reaction.

Key message: Drug-induced tattoo reactions are rare events. Few cases have been published in the literature mostly due to immune checkpoint inhibitors and only two cases, in addition to ours, have been associated with the treatment of metastatic melanoma with BRAF/MEK inhibitors.