



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

LETROZOLE-INDUCED NECROTISING LEUKOCYTOCLASTIC SMALL VESSEL VASCULITIS: FIRST REPORT OF A CASE IN THE UK

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Background: Letrozole, an aromatase inhibitor, is a commonly used neo-adjuvant drug to treat hormone-sensitive breast cancer. There have been a few cases of aromatase inhibitor induced vasculitis.

Observation: We report the case of a 72-year-old woman with a small breast cancer. She was started on pre-operative letrozole (2.5 mg/d) whilst awaiting surgery. Ten days later she presented with burning pain and purpuric skin lesions which progressed to extensive ischaemic superficial necrosis of the lower limb skin, resolving over 3–4 months after local and systemic steroids. Histologically, it showed leucocytoclasia with evidence of eosinophilia consistent with a diagnosis of cutaneous leukocytoclastic small vessel vasculitis. Letrozole was stopped. Wide local excision (lumpectomy) and sentinel node biopsy were postponed because of the accompanying pneumonitis and gastrointestinal upset, and were carried out 3.5 months later. Fortunately, the tumour size did not increase, but appeared to reduce, and axillary lymph nodes remained negative, i.e., this patient's cancer outcome does not seem to have been jeopardized.

Key message: Leukocytoclastic vasculitis is a hypersensitivity reaction that is usually self-resolving, though our case needed systemic steroid treatment. Although exceptionally rare and not life threatening, it is important to keep in mind this alarming side effect of letrozole, particularly because it is a commonly used drug in breast cancer treatment.

