ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

MALIGNANT INTERTRIGO, A SUBSET OF TOXIC ERYTHEMA OF CHEMOTHERAPY IN A PATIENT TREATED WITH LIPOSOMAL DOXORUBICIN FOR METASTATIC BREAST CANCER

E,h Klujszo [1] - S Wojcicka [2] - B Krecisz [1]

Wojewodzki Szpital Zespolony, Dermatology, Kielce, Poland [1] - Wojewodzki Szpital Zespolony, Dermaology, Kielce, Poland [2]

Background: Toxic erythema of chemotherapy (TEC) encompasses a broad spectrum of cytotoxic effects on the skin. Clinically it presents as a painful acral erythema, edema and dysesthesias of the hands and feet. The chemotherapeutic agents most often associated with TEC are antimetabolites and antitumor antibiotics.
Recently Malignant intertrigo a particular entity affecting intertriginous regions has been separated from TEC. This condition should be differentiated from others, especially symmetrical drug-related intertriginous and flexural exanthema (SDRIFE) formerly known as Baboon syndrome.

Observation: We present a case of Malignant intertrigo induced by liposomal doxorubicin initially unrecognized in the Oncology Department and effectively treated with systemic steroids.
A 58 year old woman with a history of stage IIB (T3N0M) ductal carcinoma of the right breast after mastectomy (10.10.2012) and adjuvant chemotherapy (6x FAC Nov. 2012-Mar. 2013) developed disease progression with bone metastases in Jun. 2018. For that reason she started single-agent chemotherapy courses with liposomal doxorubicin (LD) at a dose of 50mg/m^2
After a second course of LD (one week after infusion) she developed erythematous patches with central ulceration in the right axilla which resolved completely with topical treatment.
After a third course of LD she presented with painful erythematous patches with erosions, localized in the bilateral axillae, left inframammary fold, inguinal folds, umbilicus, groin, hands and feet. In the Dermatologic Clinic the patient was diagnosed with the Malignant intertrigo subset of TEC. Systemic glucocorticoids were introduced resulting in rapid resolution of skin lesions.

Key message: Symptoms manifested in our patient were consistent with Malignant intertrigo- recently distinguished from TEC. This form of toxic skin reaction is not well known. It is important to underline the noninfectious and nonallergic nature of the eruption. It will be useful both for dermatologists and oncologists to be aware of this problem.