



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

PHOTOLEUKOMELANODERMA IN A PATIENT WITH IDIOPATHIC PULMONARY FIBROSIS

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Background: We report the case of a 69-year-old male patient who was referred to our clinic for a skin eruption evolving for about a year. On the dorsal part of the hands he had relatively well-defined, white and light pink polycyclic plaques. Similar plaques were also present on the chest and hairless areas of his scalp. On the nuchal area and on the chest, he presented a diffuse, erythematous, pruritic eruption. The patient was on chronic treatment with pirfenidone for idiopathic pulmonary fibrosis for the past year. A diagnosis of pirfenidone-induced photoleukomelanoderma was made and the patient was referred to the pneumologist to evaluate whether or not pirfenidone could be discontinued given the poor prognosis of his idiopathic pulmonary fibrosis.

Observation: Pirfenidone is a recently approved drug for the treatment of idiopathic pulmonary fibrosis. It has anti-fibrotic, anti-inflammatory and antioxidant effects, slowing down the progression of the diseases. Among its side effects are phototoxic skin eruptions which sometimes are severely enough to make patients discontinue the drug. Photoleukomelanoderma was previously described in patients treated with thiazides, and there are only a few cases reports in which photoleukomelanoderma was induced by pirfenidone

Key message: Pirfenidone induces phototoxic adverse events and in some patients may cause photoleukomelanoderma. Regular daily use of sunscreens reduces the risk of severe phototoxic reactions. The decision to continue or withdraw pirfenidone in patients who developed photoleukomelanoderma has to take into consideration the severity of the pulmonary disease, the possible therapeutic alternatives, the severity of the skin reaction and its impact on the patient's quality of life.

