



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

POROKERATOSIS INDUCED BY NIVOLUMAB.

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BACKGROUND: Porokeratosis (PK) is an epidermal keratinization disorder characterized by annular lesions with keratotic ridge that corresponds to coronoid lamella histologically, observed dermoscopically as a whitish peripheral rim.

Different variants of PK have been recognized, each with its own specific properties in terms of morphology, distribution and clinical course. The initial lesions are keratotic papules which spread slowly in a centrifugal manner. Later, demarcated, annular lesions consisting of an atrophic centre bordered by a peripheral keratotic ridge can be observed. The lesions are often asymptomatic, but may be pruritic.

The aetiology of PK is still unclear. Several risk factors for the development of PK have been identified, including genetic inheritance, ultraviolet radiation, mechanical trauma, presence of burn scars, organ transplant, infections, hematopoietic malignancies and drug subadministration (especially with thiazide diuretics and immunosuppressive treatments e.g. prednisolone or azathioprine).

OBSERVATION: We present a PK on the lower limbs of a 46 years old male patient raised 10 days after the first injection of Nivolumab adjuvant therapy (humanised monoclonal IgG4 anti PD1 antibody) for melanoma. The lesions worsened after each of the following 2 injections. The treatment was later interrupted due to asma development and cutaneous lesions persisted after the discontinuation of nivolumab.

KEY MESSAGE: As far as we know this is the first case of PK due to an anti PD-1 therapy described in medical literature.

