



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## SEBORRHEIC DERMATITIS INDUCED BY AFATINIB

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**Background:** Afatinib is an inhibitor of the epidermal growth factor receptor (anti-EGFR) developed in the treatment of metastatic cancers, including pulmonary and colorectal cancers. The main adverse effects of these targeted therapies are cutaneous; on the other hand, scalp involvement is rarely described. The time of onset after the introduction of the treatment is variable. Management is based on the administration of cyclins and the application of topical corticosteroids. Dose reduction of anti-EGFR treatment is sometimes necessary, or even discontinuation of treatment. We report a case of seborrheic dermatitis with afatinib.

**Observation:** A 54-year-old patient, followed in oncology for a metastatic bronchopulmonary adenocarcinoma treated with afatinib for 6 months. It presented 4 months after the introduction of this anti-EGFR, pustulo-crustal lesions of the scalp with modification of the texture of the hair become frizzy. The dermatological examination had objectified a carapace of the scalp with some pustules and melliceric crusts with a sign of negative traction. Dermoscopy demonstrated thick, yellowish, perifollicular dander with glomerular vessels. Wood's light and mycological collection were negative. Local treatment with ketoconazole was initiated with the application of topical corticosteroids on the scalp and emollients on the body. The dosage of afatinib was not changed. At 3 months, the evolution was favorable with almost complete disappearance of the pustulo-crustal lesions.

**Key message:** Seborrheic dermatitis is a poorly described undesirable effect of anti-EGFR but can significantly alter the quality of life. A few cases of pustular scalp involvement are described in patients treated with erlotinib and gefitinib. We report the first case of seborrheic dermatitis under afatinib. Its management is based on the administration of local antifungals and the application of topical corticosteroids, see phototherapy or high dose cyclins for severe cases. The coordination with the oncologist is necessary for optimal management of patients.

