



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

SEVERE LICHENOID ERUPTION DUE TO IMATINIB MESYLATE

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Background: Imatinib mesylate (IM), a selective antitumor tyrosine kinase inhibitor, is frequently used for the treatment of human malignancies such as chronic myeloid leukemia and gastro-intestinal stromal tumor (GIST). Skin reactions are the most common adverse effects caused by IM. Among them, lichenoid drug eruption (LDE) is relatively uncommon. Here, we present a severe LDE related to IM which was successfully dealt by oral corticosteroids.

Observation: We report a 69 year-old male patient, with GIST history, treated with IM at an oral dose of 400 mg daily. Six weeks after the patient started IM, he developed violaceous scaly plaques on the lower extremities, palms and soles. The withdrawal of IM was followed by complete resolution of lesions within few days. Given the importance of this drug, it was reintroduced. However, 7 days after, the patient showed extensive lichenoid cutaneous lesions with diffuse oral erosions and nail dysplasia. Based on the clinical and histologic findings, the diagnosis of LDE due to IM was made. We maintained this drug associated with local and oral corticosteroids with favorable evolution.

Key message: LDE due to IM is rare. Only twenty cases have been reported on the literature. Cases including cutaneous and mucosal involvement are exceptional. This drug eruption occurs typically in patients receiving high doses of IM after a delay of 1 to 15 months. Thus favors the view that IM-associated LDE is due to a pharmacological mechanism. However, in our case, the shortening of occurrence delay during the second episode suggests rather a delayed hypersensitivity immunological reaction. Despite extensive severe involvement, the adjunction of oral corticosteroid has allowed the pursuit and the good tolerance of this life-saving drug.

