Background: Low-dose thalidomide is an effective treatment option for chronic cutaneous lupus erythematosus (CCLE) in resistant cases. Rarely, it can cause thrombocytopenia.

Observation: A 39 year old female presented to Dermatology outpatient department with CCLE. She had history of repeated episodes for 21 years. On examination, unsightly lesions with scarring were present over face and scalp. She was given topical and oral Corticosteroids, hydroxychloroquine etc. Thalidomide was then considered as disease was not responding to conventional therapy.

She was initially given Thalidomide 100mg BD for 2 weeks to which she responded well. It was later omitted by patient. One month later, she presented with exacerbation of LE and Thalidomide was restarted. However, after single dose of Thalidomide, she developed complaints of gradually progressing purpuric lesions over scalp and face. She also had complaint of menorrhagia. She was not on any other medications. On examination, multiple purpuric lesions were present over preexisting CCLE plaques over forehead, malar area of face and scalp. Tablet Thalidomide was omitted. Investigation showed thrombocytopenia with platelet count of 4000/cumm and deranged coagulation profile with increased prothrombin time and decreased aPTT. The patient was hospitalized and administered 1 unit Packed Cell Volume of blood. She was followed up with daily haemogram.

An increasing trend in platelet count after cessation of Thalidomide, in absence of any other cause, was suggestive of Thalidomide induced thrombocytopenia, a rare, yet reported adverse effect.

Key message: Thalidomide induced thrombocytopenia and neutropenia has been reported in cases of multiple myeloma. However, its occurrence in CCLE has not been observed. Awareness about rare but fatal ADRs can save the life of patient.