ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

TREATMENT OF ACRAL ERYTHEMA WITH TOPICAL COX-2 INHIBITORS: EVALUATION OF EFFICACY AND TOLERANCE

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Background: Acral Erythema is a frequent cutaneous side effect during chemotherapy. It is reported in literature also with the name of Hand-Foot-Disease (HFD), Hand Foot Syndrome (HFS), Palmar-Plantar Erythrodysesthesia (PPE) and Burgdorf Syndrome. Several chemotherapeutic treatments are responsible for the appearance of acral erythema, such as capecitabine. Moreover, some new target therapies can present this side effect, often with different clinical characteristics. For this reason, some author proposed a different terminology to differentiate the two forms.

Observation: Its pathogenic mechanism is not yet clear, but various pathogenic hypotheses have been proposed. Cyclooxygenase-2 (COX-2) plays a key role during therapy with capecitabine; damaged keratinocytes induce a greater production of COX-2, followed by an increased production of prostaglandins and free radicals, with maintenance of the inflammatory process. Being inflammation a physiological process, it's simple to understand how this pathogenic mechanism may be the same for the other chemotherapeutic drugs. Mild manifestations of acral erythema should be treated with topical corticosteroids, while in moderate-severe forms, corticosteroid treatment could be associated to systemic N-SAIDs.

Key message: In our opinion, the use of topical COX-2 inhibitor may be proposed, in order to reduce anti-inflammatory process and production of Cyclooxygenase-2 from damaged keratinocytes. For this reason, we used topical COX-2 inhibitors in 15 cancer patients with acral erythema caused by capecitabine and we report the results of our clinical experience.