



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## UNCOMMON SKIN REACTIONS OF CHEMOTHERAPY

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**Background:** Target therapy is an evolution in the treatment of different types of tumors and have significantly improved overall survival and disease-free survival. Despite their survival benefits they are associated with significant and sometimes severe treatment-related dermatological toxicity. Skin rashes, itching, vitiligo, xerosis, erythema and eczema are common skin side effect. Here we report two cases of uncommon skin reactions: Stevens-Johnson syndrome in a patient with lung carcinoma treated with Pembrolizumab (anti-PD1) and acneiform rash located exclusively in the pubic region in a patient with lung carcinoma receiving gefitinib a tyrosine-kinase inhibitors of epidermal growth factor (EGFR-TKI).

**Observation:** A 57-year old man came with a history of moderately differentiated NSCLC-adenocarcinoma in treatment with Pembrolizumab. After 10 days of therapy the patient developed pruritic rash and subsequently it developed necrolysis patch over the hands and the feet with Nikolsky's sign positive. After oral corticosteroid therapy he had complete re-epithelization and resolution of skin lesions.

The second case is a 63-year old woman, with pulmonary poorly differentiated adenocarcinoma in treatment with Gefitinib (EGFR-TKI). The patient received gefitinib therapy for 5 months without obvious adverse events except for periungueal granuloma started with the precedent therapy with afatinib treated with phenolo 16%. After 5 month of therapy clinical examination showed an itchy acneiform rash consisting of papules pustules, located exclusively in the pubic region.

**Key message:** We report two cases of unusual skin reactions. Stevens-Johnson syndrome is a rare but potentially fatal complication of anti PD1 therapy and is important to recognize early signs and symptoms to treat promptly. The literature reported that tyrosine kinase inhibitors induce more commonly acneiform rash on the face, the scalp and the trunk. In the second case we reported an unusual localization of the rash induced by Gefitinib.

