AUTOIMMUNE BULLOUS DISEASES

SORAFENIB INDUCED LINEAR IGA BULLOUS DERMATOSIS

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Background: Sorafenib is a multitargeted tirozin kinase inhibitor. It can cause a wide range of cutaneous side effects. Herein we report a patient with linear IgA bullous dermatosis (LABD) occurred after sorafenib treatment.

Observation: A 58-year-old male patient presented to the emergency department with one week history of diffuse rash, pruritus and blistering lesions. He had a medical history of hepatocellular carcinoma for 2 years, chronic hepatitis B and hypertension. Sorafenib treatment was started for unresectable hepatocellular carcinoma one month before admission. Dermatological examination revealed widespread pruritic eczematous plaques and also tense vesicles and bullae on trunk, lower extremities, genitalia, hands and feet. Some of bullous lesions formed annular pattern and some healed with erosions and crusting. Fissures on lips and vesicles on oral mucosa were also seen. Lesional and perilesional punch biopsies were performed with the initial diagnosis of bullous drug eruption, Stevens Johnson syndrome, bullous pemphigoid and LABD. Histopathologic examination revealed subepidermal blister formation with neutrophil predominant dermal infiltrate. Direct immunofluorescence (DIF) technique showed linear IgA and C3 deposits at the dermoepidermal junction. The patient was diagnosed as LABD along with clinical, histopathological and DIF findings. Sorafenib treatment was withheld. Intravenous prednisolone treatment was started. After 2 weeks of treatment, the lesions improved with postinflammatory pigmentation. Because there is no other treatment option, sorafenib was restarted after 20 days. Pruritic eczematous plaques appeared in 15 days and histopathology revealed subepidermal blistering. Adverse Drug Reaction Probability Scale was applied and the score was seven points. Sorafenib was evaluated as probable culprit drug.

Key Message: To our knowledge, we report the first case of sorafenib induced LABD. LABD should be in the differential diagnosis in patients with bullous lesions that were treated with sorafenib. We should also consider DIF examination in these patients.