



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

ACUTE CUTANEOUS LUPUS ERYTHEMATOSUS INDUCED BY CHEMOTHERAPY

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Introduction: Cutaneous manifestation remains rare in drug induced lupus (DIL). It consists mainly in subacute cutaneous lupus and discoid lupus.

Observation : A 54-years-old woman operated for mammary carcinoma requiring neoadjuvant chemotherapy including: fluorouracil (5FU), epirubicine and cyclophosphamide, presented a malar rash with slight occurring 4 days after the second chemotherapy cure worsening after every cure and with photoexposure. The histological examination revealed periannexial and perivascular lymphocytic infiltrate with positive lupus band test. Biological investigations revealed lymphopenia, normochromic normocytic anemia with a negative direct Coombs test, positive anti nuclear antibodies ANA (1/1600) with elevated titer of anti SSA and anti RNP and consumption complement. The patient had 4 positive SLICC criteria. The diagnosis of drug-induced-systemic-lupus-erythematosus was retained and steroids, antimalarial and photoprotection were prescribed. Pharmacologists and oncologists opted for finishing the chemotherapy protocol especially that only one cure was left.

Discussion: DIL is more frequent in elderly people (the case of our patient) and has a male-to-female ratio close to 1:1. Skin involvement is rare in DIL. It is hallmarked by systemic symptoms (fever, arthritis and serositis). ANA are positive in 90-100% of cases and anti histone in 90% and can remain positive even after drug withdrawal while anti DNA is rarely positive. Drugs traditionally associated with DIL include: terbinafine, ACE inhibitors, nonsteroidal anti-inflammatory drugs, anticonvulsivants and antiarrhythmic agents. Cases of chemotherapy induced lupus were recently described. The main causative agents are docetaxel, paclitaxel, doxorubicine and capécitabine. To our knowledge, only 3 cases of 5FU induced lupus who had the same serological profile as our patient and no case caused by cyclophosphamide which is indicated in lupus nephritis.

Conclusion: Skin involvement, the type of skin lesion (drug induced acute cutaneous lupus erythematosus is rare) and causative agent make the originality of our case.

