



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

TARGETOID ERYTHEMA SURROUNDING MULTIPLE SEBORRHEIC KERATOSES INDUCED BY CHEMOTHERAPY WITH GEMCITABINE.

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BACKGROUND: Cutaneous adverse effects of gemcitabine include allergic skin rash frequently associated with itching, alopecia, sweating, boiling dermatitis and ulcerations. We report the case of a patient who developed inflammation of seborrheic keratoses after gemcitabine treatment.

OBSERVATION: A 78-years-old woman in treatment with gemcitabine and cisplatin chemotherapy for a lung adenocarcinoma was referred to our clinic for a newly developing skin rash. She first noticed the rash after the sixth cycle of the chemotherapy and reported on symptoms of itch and slight asthenia. On clinical examination, an erythematous rash was seen mainly on the trunk. The erythema was particularly evident on the back, where it however appeared limited to pre-existing seborrheic keratoses and presented as a red halo giving rise to a targetoid appearance of the seborrheic keratoses. Dermoscopic examination (20x, Dermatoscope DermLite 3Gen) was carried out and showed dotted and linear vessels with purplish-erythematous background surrounding seborrheic keratosis. A diagnosis of seborrheic keratosis with targetoid inflammation related to chemotherapy was made.

KEY MESSAGE: Inflammation of seborrheic keratoses is a rarely described cutaneous reaction of chemotherapy. For the dermatologist it is essential to recognize at an early stage the adverse effects caused by chemotherapy agents for an early drug treatment without interrupting the oncological therapy.

