Acneiform Eruption Secondary to the First Perfusion of Panitumumab

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Clinical Image

The most common cutaneous reaction pattern with the EGFR inhibitors is a diffuse papulopustular acneiform eruption, which is noted in up to two-thirds of patients receiving any of these agents. Reactions, consisting of erythematous follicle-based papules and pustules, typically without comedones, are often dose-dependent and begin within one week after initiation of treatment. The lesions typically occur on the face, trunk, and extremities, sparing the palms and soles. The response to topical acne treatments (example: benzoyl peroxide, retinoids, and antibiotics) is inconsistent, although some benefit may be observed.

It’s a 50 year-old patient who is treated for a metastatic colon cancer (RAS wild type) with a palliative regimen based on FOLFOX + Panitumumab at the dose of 6 mg/Kg once every 14 days. She presented a diffuse papulopustular acneiform eruption in the face and the trunk, after the first treatment cycle. We treated this skin toxicity with avoidance of sun exposure, Doxycyclin 100 mg per day benzoyl peroxide and glycerin topical.

Figure 1: Diffuse papulopustular acneiform eruption in the face and Trunk.