

Acneiform Eruption Secondary to the First Perfusion of Panitumumab

Seddik Y^{1*}, Barabino AD², Ruck S², Afqir S¹

¹Medical Oncology Department, University Hospital Mohammed VI, Oujda, Morocco

²Medical Oncology Department, Emile Durkheim Hospital, Epinal, France

*Corresponding author: Seddik Y, Medical Oncology Department, University Hospital Mohammed VI, 60000, Oujda, Morocco, Tel: +212670205491; E-mail: seddiky2@gmail.com

Received date: October 4, 2016; Accepted date: October 5, 2016; Published date: October 10, 2016

Copyright: © 2016 Seddik Y. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

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 +Panitumamb 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 bensoyl peroxide and glycerin topical.



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