Steven Johnson syndrome induced by pembrolizumab in a patient with MSI+ stage 4 colorectal cancer

Dr Benaissa Djilali ,Dr Francois Christian ,Dr Carboni Rita ,Dr Adil Choukri,Dr Solomana Diane
Hospital center of chateauroux 216 Av. de Verdun, 36000
Contact :ben81maj@hotmail,fr

Introduction

Steven Johnson syndrome is a severe acute bullous dermatosis, characterized by sudden destruction of the epidermis and mucous membranes to 10% of the patient's body surface area, It is a rare dermatological emergency with an incidence of 0.1% in the general population. We report a case of Steven Johnson syndrome induced by pembrolizumab in a patient with stage 4 MSI+ colon cancer

-CLINICAL CASE: A 69 year old woman with a history of right breast cancer treated with radical therapy followed by radiotherapy and hormonal therapy, carpal tunnel syndrome, the patient admitted to the medical oncology department following an exanthema with signs of skin detachment affecting the cervical-thoracic part of her body, No signs of pain or pruritus - one month before these symptoms, the patient had received the first course of pembrolizumab validated by RCP following the diagnosis of her stage 4 colon cancer with MSI+ by a biopsy of a cervical lymph node, on admission the patient was hemodynamically stable, On clinical examination, there were signs of skin detachment with erythema without pain or pruritus affecting 10% of the skin surface. Biologically, there was an inflammatory syndrome with mild anemia, and renal and hepatic function were borderline normal, The patient was prescribed local care and systemic antibiotics, as well as general corticosteroids and level two analgesics. The lesion remained stable from the first night of hospitalization, and after several days in hospital, the skin lesions were resolved

DISCUTION

Epidemiological studies have reported an incidence of 1 to 12 cases of Stevens-Johnson syndrome and Lyell syndrome per million inhabitants per year. Short-term mortality varies between 20 and 30% and can reach 50% in elderly and immunocompromised patients. The main cause of Steven Johnson syndrome is drugs, and studies have shown an association between certain HLA antigens and the risk of developing epidermal necrolysis for a given drug. The systematic review by Somkrua et al. suggests an association between HLA-B*5801 and Stevens-Johnson syndrome induced by allopurinol. Clinically, the characteristic lesions are disseminated macules predominantly on the trunk, limbs and face, initially in the acute phase, the lesions progress to bullous detachment. Two cases of Stevens-Johnson syndrome have been described in patients with melanoma. In these patients, resolution of the lesions was observed after the patient was put on cyclosporine and corticosteroids. As regards medical management, there are no very clear recommendations in the literature. Initially, it is important to discontinue the incriminating drug and to organize rapid multidisciplinary treatment

CONCLUSION

Steven Johnson syndrome is a serious and rare pathology that requires multidisciplinary management of patients suffering from this syndrome, such as intensive care units and burn units.

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