TAMOXIFEN INDUCED MACULOPAPULAR RASH

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ABSTRACT

Breast cancer is an important common malignant disease. The chemotherapy is usually indicated for the patient with breast cancer. Tamoxifen is a common chemotherapeutic agent for management of patient with breast cancer. The dermatological adverse effect of tamoxifen is possible but little mentioned in the literature. In the present report, the authors report a case with tamoxifen induced maculopapular rash.

Keywords: Tamoxifen, breast cancer, maculopapular rash

INTRODUCTION

Breast cancer is an important common malignant disease. The chemotherapy is usually indicated for the patient with breast cancer. Tamoxifen is a standard anti-estrogen therapy that is presently widely use in clinical oncology practice 1 - 3. This chemotherapeutic agent has been used for several years. Generally, most patients well tolerate to tamoxifen. Few adverse side-effects due to this agent is reported. The dermatological adverse effect of tamoxifen is possible but little mentioned in the literature. In the present report, the authors report a case with tamoxifen induced maculopapular rash.

CASE REPORT

The patient is a 65 years old female patient. This patient undergone bilateral mastectomy for management of invasive ductal carcinoma. Histopathologically, the surgical specimen had both estrogen receptor and progesterone receptor positive. Postoperatively, this patient firstly got 6 courses of AC 60 (adriablastine 60 mg/m² and cyclophosphamide 600mg/m²) as adjuvant chemotherapy and radiotherapy. Then, the adjuvant therapy with tamoxifen 20 mg/day for 5 years was planned. After 2 weeks of starting tamoxifen therapy, a maculopapulous and pruritic eruption appeared. The patient notified the
problem to the physician in charge and the tamoxifen therapy was ceased. The skin lesion disappeared within 10 days after cessation of tamoxifen. The patient was changed to get aromatase inhibitor instead of tamoxifen.

DISCUSSION

Tamoxifen is a common chemotherapeutic agent for management of patient with breast cancer. Generally, tamoxifen is considered safe and cause no problem to the patient. Nevertheless, the adverse effect of tamoxifen is possible and the practitioner has to recognize it. The dermatological adverse effect of tamoxifen is little mentioned in the literature. Brahmi et al. noted that the practitioner should not overlooked this possible adverse effect of tamoxifen. Andrew et al. noted that there was a lack of concise information detailing the cutaneous adverse events associated with tamoxifen. Sometimes, tamoxifen can result in radiation recall dermatitis. In fact, the serious form of dermatological adverse reaction such as Toxic epidermal necrolysis is reported in the literature.

CONCLUSION

In this article, we report a case of a delayed tamoxifen-induced skin reaction. This adverse effect of tamoxifen is possible and the practitioner should recognize and properly manage this problem if exists.

CONSENT

The author obtained written, informed consent from the patient for the publication of this article.

COMPETING INTERESTS

The author declares for no conflict of interest.

REFERENCES