

Taxotere-Related Sclerodermia

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Abstract

Introduction

The taxotere is an antineoplastic more used in cancerology in several gyneco-mammary, urological, digestive locations with acceptable and manageable toxicities. However, there are rare toxicities such as scleroderma which should not be neglected and taken into account as it is increasingly encountered.

Observation

A 78-year-old patient with a history of operated squamous cell carcinoma of the thigh, who presents with metastatic prostate cancer, treated with first-line taxotere who presents a rare complication: scleroderma confirmed on imaging, treated with corticosteroid therapy and drug cessation with good clinical outcome.

Conclusion

Scleroderma is a rare complication which should not be ignored in patients on taxoteric. This complication is related to the cumulative dose, discontinuation of treatment and corticosteroids constitute effective management.

Keywords: Scleroderma, Taxotere, corticosteroid therapy.

Observation

This is a 78-year-old patient with a history of squamous cell carcinoma of the thigh, treated surgically, who presented with chronic low back pain for which he underwent an abdomino-pelvic scan showing osteocondensing lesions of the spine and pelvis with a PSA level of 89 ng/dl and a prostate enlarged in heterogeneous volume, biopsied with histology supporting a Gleason 9 (5 + 4) prostate adenocarcinoma, ISUP group 5, on scintigraphy bone there are hyper fixing foci

disseminated to the dorsolumbar spine, pelvis, ribs, left supero-external orbital angle, the patient was put under taxotere at a dose of 75 mg / m² and Leuprorelin acetate (Eligard) with a radiological and biological response to the 6th treatment, but however, the patient presented with voluminous edema with significant redness associated with heat and hyperalgesia of the lower limbs in a context of neutropenia. Normal renal, cardiac, hepatic and endocrine functions. A clinical picture that does not initially suggest potential toxicity with Taxotere.

We requested a dermatological consultation with an MRI of the legs concluding in a reticular infiltration of the subcutaneous cellulo-adipose plane at the level of the two legs, undulation of the integumentary plane at the antero-external face of the right leg; densification of the subcutaneous cellulo-adipose layer, on the postero-external face of both legs, in the external supra-malleolar, with, after contrast injection, no obvious argument for fasciitis. On the basis of the clinic and the MRI image, the diagnosis of taxotere-induced pseudo-scleroderma was made, the patient was put on oral corticosteroid therapy with prednisone 1/2 mg/kg with a good clinical outcome after three weeks.



Discussion

Taxotere is an anticancer drug that inhibits tubulin depolymerization (stabilization of microtubules), its metabolism is hepatic in 80 -90% and renal excretion is low (5-10%). The spectrum of activity: in breast, non-small cell lung, prostate, gastric and ENT cancer. Multiple side effects are incriminated. Neurological toxicities such as sensory-motor polyneuropathy, hematological on the granulocytic line, digestive, diarrhea, colitis, other toxicity; unguis, fluid retention syndrome, we can have dacryostenosis which is sometimes described with taxotere. Hypersensitivity lesions such as urticaria are more encountered, the literature reports patients who have developed erythematous and edematous skin reactions, erythema multiforme and systemic lupus erythematosus after administration of taxoids (1).

Scleroderma is a rare complication, less than ten cases are reported in the literature (2,3).

Taxotere-induced scleroderma is a clinical condition with localized edema progressing to cutaneous sclerosis, mimicking systemic sclerosis, after administration of taxotere. In the majority of patients this scleroderma has mainly developed on the extremities and more specifically on the lower limbs (4). The cumulative dose is correlated with the appearance of this complication because in the literature, it appears after more than 6 courses, which is the case for our patient who presented this complication after 6 courses. This allows us to confirm that the cumulative dose contributes significantly to its appearance. This complication is more reported in patients with breast cancer (5) because being the drug most used either as monotherapy or associated with other chemotherapy, a study was published with 5 patients having presented this complication, Itoh et al. (6) with edema of the face and extremities followed by sclerosis of the skin Sclerotic skin lesions may be limited to a certain region of the body or be extensive (8, 9) in this case the lesion was limited by therefore it contributed to the degradation of the patient's quality of life. Despite the use of corticosteroids, stopping treatment significantly contributes to the improvement of the lesions.

Conclusion

Taxotere-related scleroderma is a rare complication, which is becoming increasingly known and should not be ignored as a frequent indication in several pathologies in oncology.

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