

A case report of S-1 induced severe cutaneous adverse reactions (SCAR)

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S-1 is an oral fluoropyrimidine antitumor agent that has been widely used in for gastric cancer in Asian countries. Severe cutaneous adverse reactions (SCAR) is a terminology including all of the skin adverse reactions to drug, and manifests in the form of Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN), Drug reaction with eosinophilia and systemic symptoms (DRESS), Acute generalized exanthematous pustulosis (AGEP). Here, we describe the case of a Korean patient who developed SCAR due to S-1. A 74-year-old woman diagnosed as gastric cancer(pT2N1M0, Stage IIA) underwent subtotal gastrectomy. She was treated with adjuvant S-1 of 100mg daily. On Day 14 of 1st cycle of adjuvant S-1, mild skin eruption was developed on her hand and face and disappeared after discontinuation of S-1 for 7 days. On Day 28 after restart of S-1 for one week, the cutaneous symptoms redeveloped. Anti-histamine and topical steroid were prescribed. On day 31, dysphagia due to Grade 3 mucositis was occurred and the patient was admitted for supportive management with stopping S-1. she could hardly open her mouth. Oral mucositis involved lips, hard palate and larynx. She also claimed itching sensation and stabbing pain along the V-neck. Skin lesions such as erythematous patch with multiple bullae, crust were observed. The patient was also positive for Nikolsky's sign. On day 31, the patient was admitted and treated with methylprednisolone of 40 mg/day. Skin biopsy was performed to rule out SJS. However, biopsied lesion didn't include epidermis for evaluation of keratinocytic necrosis rendering inconclusive for diagnosis of SJS but pustules. Therefore, we diagnosed her condition as SCAR due to S-1. After 7 days of systemic steroid, the patient's cutaneous lesions improved dramatically. The patient was then discharged with prednisolone 10 mg/day. the patient is regularly screened with CT every 6 months to check for relapse of gastric cancer. To our knowledge, this is the first reported case of S-1 induced SCAR in Korea. Although S-1 induced rash is a common finding, clinicians should be aware of signs and symptoms of SCAR and promptly discontinue S-1 and treat accordingly.

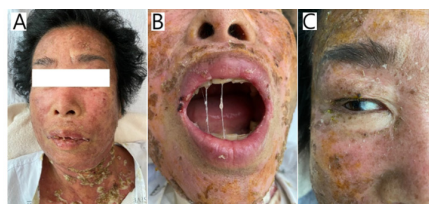


Figure 1 Erythematous skin rash and crust formation located on face (A), mouth and lips (B) on the day of hospitalization(the 11th day of 2nd cycle)



Figure 2 Erythema, blister and crust formation, and erosions involving neck, anterior chest wall (A) and maculopapular rash on distal forearm(B)