

Suspected Drug Eruption in a Patient with Chronic Lymphocytic Leukemia Caused by Eosinophilic Dermatoses of Hematologic Malignancy

Fernandez S

Institutional affiliations

DEPARTMENT OF DERMATOLOGY, CLEVELAND CLINIC FOUNDATION, CLEVELAND, USA

Corresponding author

Fernandez S
Cleveland Clinic Foundation Department of Dermatology Cleveland, USA
E-mail: Fernandez_s@ccf.org

Received Date: November 30 2021

Accepted Date: December 02 2021

Published Date: December 27 2021

Abstract

Eosinophilic skin disease of hematological malignancy (EDHM), like chronic leukaemia, is a rare cutaneous reaction associated with hematological malignancies (CLL). The lesions appear clinically and histologically to be insect bites; however, in most cases, the patients strongly deny any history of such bites. Treatment modalities vary, with general steroids square measure being the most commonly used. Because EDHM is linked to a variety of aggressive cancer courses, patients with this eruption must be closely monitored. We have a tendency to bestow a severely pruritic, quick-onset body covering eruption that was initially thought to be a drug or bug bite reaction but was eventually bestowed as EDHM.

Keywords

leukocyte skin disease of hematological malignancy • Chronic leukaemia • Pruritic

Introduction

Eosinophilic skin disease of hematological Malignancy (EDHM) is Associate in Nursing uncommon body covering reaction that's related to hematological malignancies. Of all medical specialty malignancies, it's most typically been related to Chronic leukaemia (CLL) [1]. tho' several treatment modalities are reported, EDHM usually responds poorly to treatment. we have a tendency to gift a patient with CLL World Health Organization was diagnosed with EDHM and treated with steroids.

Case Study

A 60-year-old feminine with a past medical record of Chronic leukaemia (CLL) World Health Organization recently started Ibrutinib bestowed to the emergency department with a four-day history of a

severely pruritic, eruptive

full-body rash. The lesions started on her bilateral legs then unfold to the remainder of her body. The patient was started on Associate in Nursing medicine and oral Meticorten for higher tract symptoms seven days before impotency presentation.

The clinical medical diagnosis enclosed drug eruption, invertebrate assault, Sweet syndrome, and bulbous pemphigoid. histologic sections incontestable a sub epidermic blister containing lymphocytes, eosinophils and neutrophils, likewise as delicate perivascular and opening white cell infiltrate with eosinophils inside the stratum. Direct immunofluorescent protein localization incontestable negative immunoreactivity for immunoglobulins immunoglobulin, IgA, IgM and complement C3.

The patient powerfully denied exposure to bugs and also the clinical differential was settled on EDHM vs drug eruption, on condition that she had recently started ibrutinib. The patient was treated with a Meticorten taper, topical corticosteroids, and antihistamines. period of time later there was important improvement within the skin lesions, with virtually complete relief from symptoms. She continuing to own complete resolution of her body covering eruption despite continued ibrutinib medical aid. once different potential causes were excluded, the patient was given the designation of EDHM.

Discussion

Chronic leukaemia (CLL) may be a being disorder characterised by progressive accumulation of dysfunctional lymphocytes. EDHM may be a rare body covering reaction related to

A diagnostic test specimen unconcealed a sub epidermic blister containing lymphocytes, eosinophils, and neutrophils, likewise as delicate perivascular and opening white cell infiltrate with eosinophils inside the stratum (H&E, 60x). several hematological malignancies, tho' most typically seen with CLL [1]. The leukocyte eruption possibly manifests through a Th2 chemokine response, possibly thanks to interleukin-5, a key protein in white blood cell achievement [2]. EDHM is additionally observed as insect bite-like reaction thanks to clinically and histopathologically resembling insect bites, despite patients denying a history of being bitten. histologic sections may be confused with a drug eruption, as seen during this case.

EDHM will gift with pronounced symptoms of itchiness and tenderness, as seen during this patient.

A retrospective cohort study of thirty seven patients diagnosed with EDHM found solely twenty fifth of cases bestowed with lesions on the face Various treatment methods for EDHM are used, utilizing antibiotics, steroids, antihistamines, dapson, radiotherapy, radiation, antiviral alpha, and blood vessel immune globulin. Cycles of therapy have additionally been reported to boost EDHM symptoms [2]. This patient was with success treated with a Meticorten taper, topical Aristopak zero.1% ointment, and antihistamines. EDHM could also be related to a a lot of aggressive CLL-disease course, because it has been reported with

Richter transformation and different fatal complications of CLL [3,4].

Conclusion

We report a case of EDHM in an exceedingly 60-year-old patient with a past medical record of CLL. This patient bestowed clinically with widespread papules and plaques that were severely pruritic. The patient was treated with a Meticorten taper, topical corticosteroids, and antihistamines, with important improvement in skin lesions and virtually completes relief from symptoms inside two weeks of treatment. The designation of EDHM was given once different potential causes were excluded, like drug eruption and invertebrate bite reaction. Careful watching of those patients is crucial as a result of EDHM will be related to a a lot of aggressive malignancy course.

References

1. Farber, M.J., et al. "Eosinophilic dermatosis of hematologic malignancy". *J Cutan Pathol* 39.7 (2012):690-695.
2. Rajput, C.D., et al. "Paraneoplastic eosinophilic dermatosis in a case of chronic lymphocytic leukemia". In: *Indian Dermatol Online J* 10 (2019):61-63.
3. Grandi, V., et al. "Eosinophilic dermatosis of hematologic malignancy: A retrospective cohort of 37 patients from an Italian center". *J Am Acad Dermatol* 81.1 (2019):246-249.
4. Barzilai, A., et al. "Insect bite-like reaction in patients with hematologic malignant neoplasms