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Case Report

# Multiple cutaneous telangiectasias after the use of trastuzumab: a case report

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## ABSTRACT

We aim to report a particular case of cutaneous telangiectasias on the arms after immunotherapy with trastuzumab plus paclitaxel to treat breast cancer. New oncology therapies reflect a major advance in cancer treatment. They greatly increase survival; however, they still cause certain adverse cutaneous events that should be taken into account for their proper management.

**Keywords:** *Antineoplastic agents; side effect; vascular skin disease; dermatology; medical oncology; breast cancer*

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## INTRODUCTION

The amplification of available treatments for breast cancer with overexpressed HER2 has considerably decreased with recurrence rates of this disease[1,2]. Trastuzumab, a monoclonal antibody developed against HER2, is administered as an adjuvant or neoadjuvant treatment, being responsible for the great advance in the prognosis of breast cancers and improving results in terms of overall survival[2,3]. However, the medication is responsible for the emergence of adverse effects, including skin conditions such as cutaneous telangiectasias[4].

## CASE REPORT

A 42-year-old woman presenting with obesity, dyslipidemia, fibromyalgia, and anxiety disorder was diagnosed with breast cancer in clinical stage IIA (invasive breast carcinoma, with 2 to 5 cm diameter, which has no spread to the axillary lymph nodes), initially treated with left breast sectorectomy and sentinel lymph node biopsy. Immunohistochemistry showed human epidermal growth factor receptor 2 (HER2) overexpression. Adjuvant therapy was performed with adriamycin plus cyclophosphamide protocol followed by taxol plus herceptin, with excellent tolerance. She denied using drugs other than sertraline, bupropion and mirabegron, as well as frequent alcohol consumption, liver disease, rosacea, or recent topical corticosteroid use.

After 42 days of using trastuzumab, multiple asymptomatic lesions appeared, and she was referred to our dermatology service. On examination, she presented brownish erythematous patches with telangiectasias on the antebrachial region of the upper limbs (Figure 1). The patient underwent a complete screening for other potential systemic adverse effects. She denied lesion discomfort during treatment and, therefore, the adverse effect was not considered and the therapy continued.

Sibaud et al.[5] presented five cases of cutaneous and mucosal telangiectasia associated with ado-trastuzumab emtansine, used in metastatic breast cancer. The time between the initial medication and telangiectasias varied from 2 to 14 months, and they were located on the trunk, back, chest, palms, and arms[5]. Clinically and histologically, these findings represent signs of vascular ectasias (Figure 2). The triggering role of trastuzumab in induction of these cutaneous lesions is supported by the temporal relationship between lesion


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development and drug exposure, the similarity of lesions across other case reports in the literature, and a lack of other common exposures in this patient[5]. The development of telangiectasias is described in association with other drugs, such as calcium channel blockers and lithium, which were never used by the patient in question[5]. To our knowledge, this was the first case of cutaneous telangiectasias reported in association with trastuzumab plus paclitaxel.

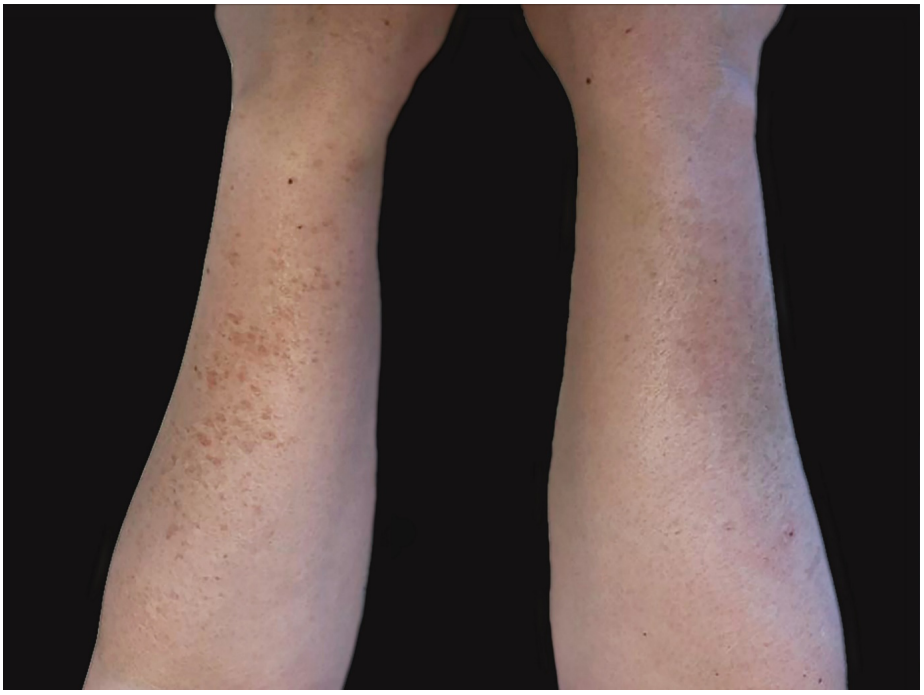


Figure 1: Brownish erythematous patches on the antebrachial region of the upper limbs.



Figure 2: Manual dermoscopy (10×), polarized light (Dermlite DL4W – 3Gen®) – Spider telangiectasias on a brownish macular base on the antebrachial region of the upper limbs.

## CONCLUSION

New oncology therapies reflect a major advance in cancer treatment. They greatly increase survival; however, they still cause adverse cutaneous events that should be taken into account for their proper management. New reports and the following of the case may bring us further explanations.

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