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Clinical Image

Severe acral erythrodysesthesia and docetaxel

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Acral erythrodysesthesia can have a serious impact on the patient's quality of life and on their ability to continue or complete treatment [1].

We report a case of a 42-year-old female followed for breast cancer: cT4d N2 M0; RH + / HER2 3+. She received neoadjuvant chemotherapy based on anthracycline sequentially by docetaxel associated with trastuzumab and pertuzumab in HER2 dual-blocking strategy. The evolution was marked, after the first cycle of docetaxel dual-blocking, by the occurrence of severe skin toxicity in the form of acral erythrodysesthesia in the soles of the feet and causing the patient an inability to walk. (Figs. 1a and 1b). She was immediately referred to a plastic surgery department and was made aware of the physical measures to be observed for good remission of the skin toxicity. The administration of docetaxel treatment was immediately discontinued, after which the patient completed the treatment with paclitaxel.

Preventive measures and early recognition of acral erythrodysesthesia remain the essential strategies to ensure timely treatment and avoidance of dose reductions or treatment discontinuation [2].

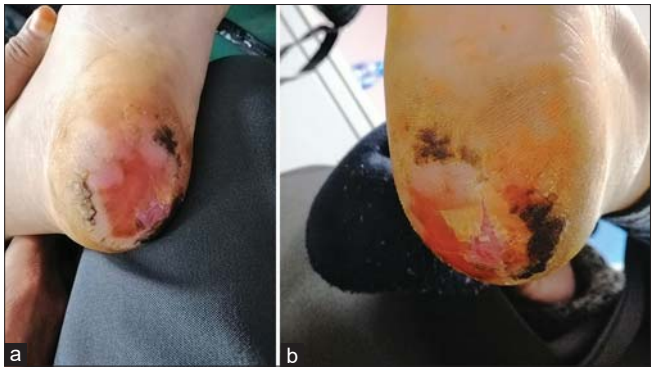

Figure 1: (a-b) Grade III acral erythrodysesthesia in the soles of the feet, one week after the first dose of docetaxel–trastuzumab–pertuzumab chemotherapy.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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