

Title: Cytarabine induced skin eruption in acute myelogenous leukemia.
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Introduction: A rare case of cytarabine induced diffuse erythematous rash in the treatment of AML is described. Recognition of the severe appearing rash as a benign side effect of cytarabine is important for appropriate management.

Case Description:

A 78-year old man with acute myelogenous leukemia (AML) unresponsive to azacytidine was started on induction chemotherapy with cytarabine on 05/21/2015 for a 7-day duration. Ten days after completion of induction he developed a diffuse blanchable and confluent erythematous and mildly pruritic rash involving the trunk, back, arms and bilateral lower extremities. There were no blistering lesions, mucosal or conjunctival involvement. His LFTS, Cr, and eosinophil count were normal. The patient developed the same rash two days after completion of cycle 1 of consolidation chemotherapy with cytarabine and on cycle 2 day 2. Emollients and triamcinolone 0.1% were applied. The rash was well tolerated and improved within 5-7 days.

Though he had complete remission of AML, he relapsed and was re-started on cytarabine on 04/25/2018 with reappearance of the rash on day 4/7 of treatment. The same treatment was applied with resolution.

Discussion:

A rare but documented side effect of cytarabine is a diffuse and confluent erythematous rash. Though its appearance is aggressive there are no other associated symptoms. The rash resolves without subsequent sequelae. Treatment includes application of emollients and triamcinolone. Cytarabine therapy should not be terminated due to this rash.

Educational Objective:

Upon completion of this session, participants should be able to: identify a cytarabine induced rash and manage it with emollients and triamcinolone with expectation of complete resolution.



Figure Title: Cytarabine induced rash

Caption: A diffuse blanchable and confluent erythematous rash involving the torso and arms.