

## ~ ACRAL ERYTHEMA ~

- Patient** : A 43-year-old woman
- Duration** : 3 months
- Distribution** : Dorsa of hands , wrists and to a lesser extent the toes
- History** :  
- Painful & itchy lesions.  
- Has breast cancer and has received docetaxel (Taxotere®) and paclitaxel (Taxol®).
- Physical exam** : Erythematous, scaly, purpuric, discrete and confluent fiery red plaques.
- Histopathology**: Interface dermatitis, vacuolar type with superficial sparse to mild perivascular inflammatory cell infiltrate composed of lymphocytes and neutrophils with nuclear debris.
- Discussion** :  
-The exact pathogenesis of acral erthema is unknown  
-The most likely hypothesis is that docetaxel inflicts a direct toxic effect on the skin by accumulation in acral regions. Features of the skin, specific to the acra regions, such as the temperature gradient, vascular anatomy, & the high concentration of eccrine glands, would support such hypothesis.  
-Doxorubicin, cytarabin, docetaxel, and fluorouracil are the most frequently implicated agents.

### -REFERENCES:

1. Nagore E, et al. Antineoplastic therapy-induced palmar plantar erythrodysesthesia syndrome. Incidence, recognition and management. *Am J Clin Dermatol* 2000;1: 225-34.
2. Dorothee E, et al. Acral erythrodysesthesia syndrome caused by IV infusion of Docetaxel in breast cancer. *Am J Clin Oncol* 2002;25:599-602.

