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 erythema 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 acral 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:
