
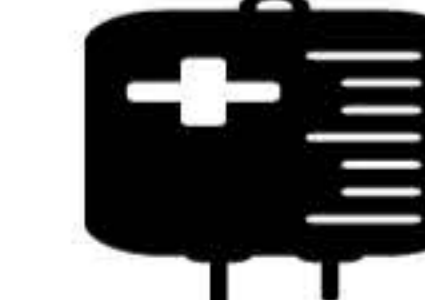




### SEQUALAE




Initial presentation with erythematous urticarial rash becoming confluent over bilateral brachial regions and anterior thighs. The symptoms were accompanied with systemic features including photophobia and fever.

-  Empirical piperacillin & tazobactam 4.5g TDS & 300mg STAT Gentamicin. Later changed to Ceftriaxone 2g BD and Aciclovir 600mg TDS
-  Aggressive IV fluid resuscitation and paracetamol
-  Lumbar puncture to exclude meningitis & imaging studies including CT Brain: **NAD**
-  Referral made to dermatologist

### Results of additional biochemical & serological investigations







- WBC  $3.4 \times 10^9/L$
- HB 137g/L
- ↓ Platelet  $68 \times 10^9/L$
- AST 39U/L & ALT 29U/L
- IgA, RF, CCP Ab, Anti-Ds DNA Ab **NAD**
- ↑ CRP 98.4 → 282.2

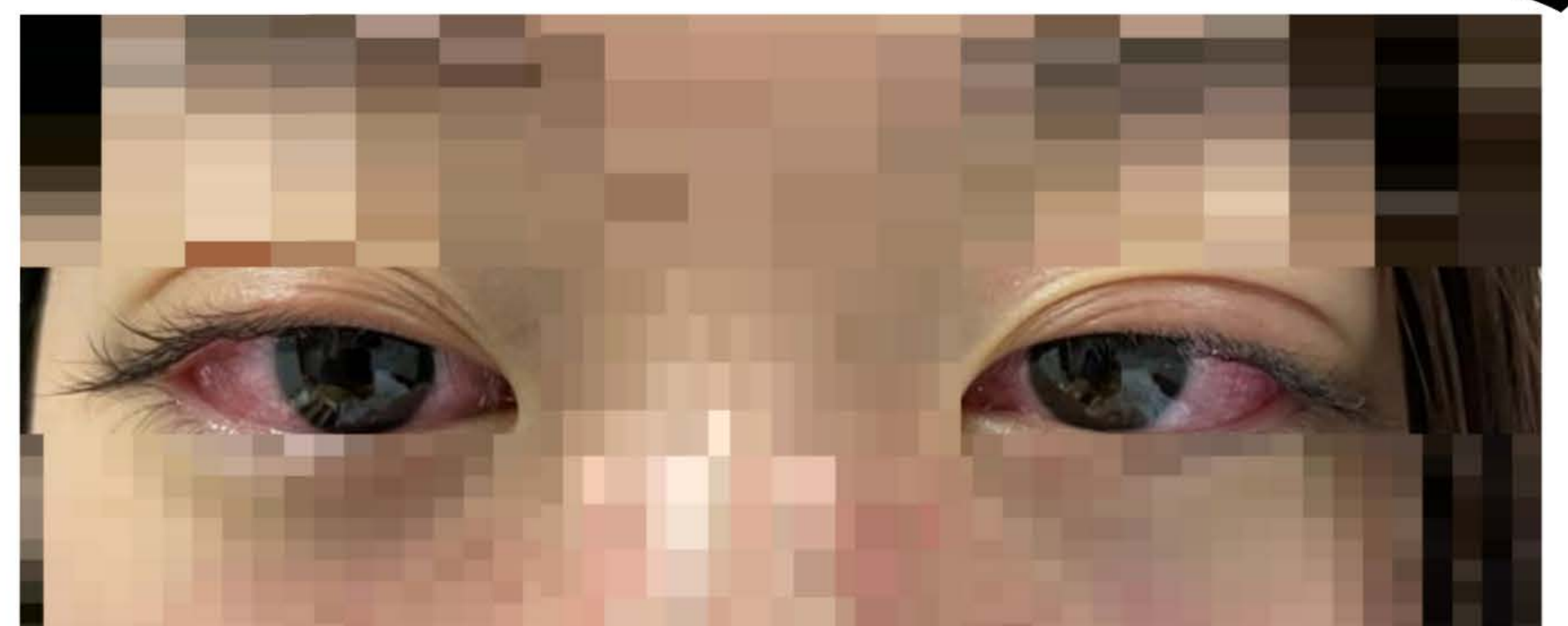
### Dermatological findings

-  BSA >50% affected, **Grade 3 reaction**
- SCORETEN 1/10 without erosions
- Skin biopsy **negative for SJS/TEN**
- Erythematous lesions
- Urticarial wheals
- Skin pain
- Peripheral Oedema

INITIAL PRESENTATION

### Initial presenting symptoms of cutaneous and systemic features

-  Fatigue
-  Fever
-  Blanching rash on brachial regions
-  Photophobia
-  Unilateral arthralgia
-  Neck stiffness



Systematic features including conjunctival injections, intense headache and signs of haemodynamic compromise with temperature >40.0 and tachycardia >140 bpm were observed. The initial dermatological symptoms gradually transitioned to arthralgia and joint stiffness.






Puritic erythematous plaques without skin loss were observed with a pattern of contusiform central clearing. This was accompanied by skin pain.

DAY 3-5

RESOLUTION

### Treatment plan

-  0.5mg/g Betamethasone BD to entire body
- Thick paraffin-based emollient every 2 hours
- Sodium Bicarbonate mouthwash for mucositis
- Prednisolone eye drops 1% QID
- Oral prednisone 1mg/kg daily
-  Twice hourly ocular drops and mouth care
- Wet dressings to minimize friction in high-pressure areas
-  Soft skin touch care plan
- Contingency plan to burns unit if deteriorate
- Re-challenge drug under immunology guidance

### PHARMACOVIGILANCE

### **ONLY 3 CONFIRMED** CASES OF MACULOPAPULAR RASH IN FEMALE OF AGE 18-64 HAS BEEN REPORTED BY EMA 2023

Pazopanib is an orally administered multi-kinase inhibitor that held advantage of lesser hematologic and cutaneous reactions. This report emphasizes the challenge of limited treatment options available for rare ASPS subtype patients. Pharmacovigilance in rare cancer treatments plays critical roles to ensure safe treatment for complex cancer patients in limited evidence available.