

Visual Treats in Dermatology

Painful red soles in a leukemia patient

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An 11-year-old female patient presented with diffuse erythema and pain over the bilateral soles [Figure 1], sparing the instep of the feet, for the past 4 days. She was a known case of acute B-lymphoblastic leukemia and was on treatment with vincristine, L-asparaginase, cyclophosphamide, methotrexate, and cytarabine during the previous week. We considered differential diagnosis including neutrophilic eccrine hidradenitis which presents as painful, erythematous papules, and plaques, but ruled it out since our patient only had diffuse erythema. Based on the characteristic clinical findings, we made a diagnosis of chemotherapy-induced hand-foot syndrome (HFS). Although it was difficult to confirm which drug caused this



Figure 1: Diffuse erythema and pain over the bilateral soles sparing the instep of the feet.

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reaction as our patient received multiple drugs, cytarabine (Naranjo score – possible) was probably the culprit drug. HFS or palmoplantar erythrodysesthesia syndrome presents with palmoplantar numbness, tingling, or burning pain in addition to well-defined erythema with or without edema, cracking, desquamation, blistering, or ulceration. The drugs most commonly implicated in causing HFS are capecitabine, doxorubicin, and 5-fluorouracil. Treatment options for HFS include urea-based creams, topical anesthetics, topical corticosteroids, topical keratolytics, Vitamin B6, and Vitamin E.^[1]

Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

REFERENCE

1. Kwakman JJ, Elshot YS, Punt CJ, Koopman M. Management of cytotoxic chemotherapy-induced hand-foot syndrome. *Oncol Rev* 2020;14:442.

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