

Visual Treats in Dermatology

Vinorelbine-induced extravasation

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A 24-year-old female known case of refractory non-Hodgkins lymphoma undergoing 3rd cycle day 8 of chemotherapy with gemcitabine, vinorelbine, and dexamethasone presented with complaints of pain and redness over the right dorsum of the hand for 5 days. Approximately 2 days after the chemotherapy (injection of undiluted vinorelbine 25 mg/m² IV bolus over the right wrist followed by flushing with 50 mL normal saline), painful erythematous lesions developed on the dorsal aspect of the right hand, extending from the infusion site to the wrist. Gemcitabine 1000 mg/m² was given IV in 250 mL of normal saline over 30 min over the left cubital fossa. Dermatologic examination revealed tender erythematous and bullous lesions over the dorsum of the right hand extending to the wrist [Figure 1a and b]. There was no evidence of lymphadenopathy or superficial venous thrombosis over the involved limb. A diagnosis of vinorelbine-induced extravasation was made based on history and examination. The patient was treated with oral antibiotics, cloxacillin 500 mg QID for 5 days, warm compresses, and

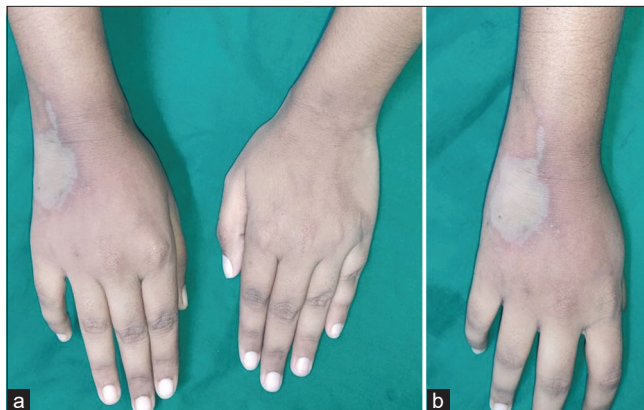


Figure 1: (a and b) Tender erythematous blister and surrounding erythema over the right dorsum of the wrist following extravasation of vinorelbine.

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Figure 2: The resolution of edema and erythema over the right dorsum of the wrist after 5 days of treatment.

paracetamol for pain. The erythema, edema, and pain over the right dorsum of the hand resolved after 5 days [Figure 2].

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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