

Introduction

- Enfortumab vedotin is an antibody-drug conjugate that targets nectin-4, a cell adhesion molecule, with heterogeneous expression in bladder cancer.
- Often it serves as next-line therapy following the failure of chemoradiation, systemic chemotherapy, and immunotherapy.

Case

A 74-year-old male with past medical history of alcohol-induced liver cirrhosis presented with metastatic bladder cancer.

- Failed cisplatin therapy after one cycle due to acute renal insufficiency
- Completed pembrolizumab and enfortumab with CT imaging showed complete response to treatment after 1 week
- Presented to oncologist with morbilliform rash and received steroids
- Developed hyperglycemia, confusion, and pain associated with rash progression
- Presented to ED with symmetrical drug-related intertriginous and flexural exanthema in his bilateral axilla and groin (about 12% of his body surface area)
- Received insulin for steroid-induced hyperglycemia and wound care consulted
- Discharged following sufficient glycemic control, pain management, and improvement of his rash.

Images



Figure 1: Symmetrical intertriginous and flexural exanthema at left groin



Figure 2: Symmetrical intertriginous and flexural exanthema at right anterior arm



Figure 3: Symmetrical intertriginous and flexural exanthema at left anterior arm

Take Home Points

- Nectin-4 has mild to moderate epidermal cell expression, raising concern for keratinocyte apoptosis and subsequent localized epidermal necrolysis in patients receiving enfortumab.
- Despite nectin-4 expression in epidermal cells, only a handful of case reports document confirmed symmetrical drug-related intertriginous and flexural exanthema consistent with cutaneous enfortumab toxicity, making a case such as this one so unique.
- Enfortumab vedotin has become a prominent treatment option for metastatic bladder cancer.
- Dermatologic toxicity should be considered when utilizing enfortumab to treat metastatic bladder cancer.

References

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