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CASE REPORT: FIXED DRUG ERUPTION LEADING TO DISCONTINUATION OF SUBCUTANEOUS TREPROSTINIL IN A PAH WHO FUNCTIONAL CLASS III PATIENT

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Objective: Fixed drug reactions, characterized by one or more sharply demarcated, dull red to brown lesions are always drug induced and have been associated with numerous different drugs. We present a case of a fixed drug reaction to treprostinil.

A 54 year old female first presented to our clinic in July 2016. She suffered from progressive exertional dyspnea, chest pain and syncope. Her initial 6 minute walk distance (6MWD) amounted to 310m. Echocardiography showed an enlarged and dilated right side of the heart with preserved systolic function (TAPSE 1.8cm) and increased central venous pressure (CVP). Right heart catheterisation confirmed the diagnosis of pulmonary arterial hypertension with a mPAP of 61 mmHg, normal wedge pressure, low cardiac index (2.0L/min/m²) and a pulmonary vascular resistance of 13.5 wood. Vasoreactivity test was negative. After extensive work up she was classified as idiopathic pulmonary arterial hypertension, WHO functional class (FC) III. Therapy with Bosentan 125mg bid and home oxygenotherapy were started. She was stable until December 2017, when clinical worsening was detected during regular follow up. Her 6 MWD dropped to 173m, while echocardiography revealed signs of right heart failure (drop of TAPSE value to 1.2 cm and further rise of CVP). It was decided to add subcutaneous treprostinil to her therapy, and application was started in the lower right quadrant of her abdomen. After titration to 2.5 ng/kg/min, several well defined, itchy, painful, circular, red to livid indurations 10x10 centimeters in size appeared on her arms and abdomen. Diagnostic work up yielded the diagnosis of erythema

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fixum (fixed drug reaction). Local and intravenous glucocorticoids were started but only mild regression of the indurations was observed, with worsening after prednisone de escalation. Treprostinil was discontinued and the lesions gradually faded after 3 weeks.

Though skin complications of treprostinil therapy in the form of a maculous or papulous rash are common, to our knowledge, this is the first report of a fixed drug reaction to treprostinil. Further treatment options are now being considered. The patient is obese (BMI 27.8) and reluctant to undergo lung transplantation, and low systemic pressures make an Inhaled iloprost the best drug choice in the next step. Even though a drug reaction to iloprost might be expected due to structural similarities, there is insufficient data of cross reactivity between prostacyclin pathway agonists.