

Forbidden to Drive – a New Chemotherapy Side Effect

Zákaz řízení – nový vedlejší účinek chemoterapie

Rovere R. K.¹, Silva de Lima A.²

¹ Department of Medical Oncology, Santo Antonio Hospital, Blumenau, Santa Catarina, Brazil

² Medical dermatologist, private practice, Brusque, Santa Catarina, Brazil

Summary

Background: Capecitabine is an oral antineoplastic agent classified as a pyrimidin analogue. It is widely used in different types of cancers. Unfortunately, it does not come without a cost, as the drug may have adverse effects – largely diarrhea, but also hand-foot syndrome and loss of fingerprints in extreme cases. **Case:** We report a case of a 47-year-old male, which had been diagnosed with metastatic rectal cancer and received capecitabine, developing a severe hand foot syndrome which led him to lose his fingerprints in spite of complete resolution of the syndrome after stoppage of the drug. **Conclusion:** This case highlights a rare condition that, even though not precisely a disease per se, may hinder patient's quality of life and must be recognised by the treating physician as an treatment related side effect.

Key words

capecitabine – fingers – fluorouracil/adverse effects – fluorouracil/analogs and derivatives – humans – male – skin/drug effects

Souhrn

Východiska: Kapecitabin je perorální cytostatikum řazené mezi pyrimidinová analoga. Je široce používán u různých typů nádorů. Bohužel, není neškodný, mívá nepříznivé vedlejší účinky – nejčastěji průjem, ale také syndrom ruka-noha, v extrémních případech se ztrátou otisků prstů. **Případ:** Popisujeme případ 47letého muže, u kterého byl diagnostikován metastazující karcinom rekta a dostal kapecitabin, po kterém se rozvinul těžký syndrom ruka-noha, který vedl ke ztrátě otisků prstů navzdory úplnému ústupu syndromu po zastavení léčby. **Závěr:** Tento případ upozorňuje na vzácný problém, které sice není nemocí sám o sobě, ale snižuje kvalitu života pacienta a musí být ošetřujícím lékařem považován za vedlejší účinek léčby.

Klíčová slova

kapecitabin – prsty – fluorouracil/vedlejší účinky – fluorouracil/analoga a derivativy – lidé – muž – kůže/účinky léků

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Rodrigo Kraft Rovere, MD
Oncology Unit
Santo Antonio Hospital
Rua Itajai 545
Blumenau, Santa Catarina
CEP 89050100
Brazil
e-mail: rodrigovere@hotmail.com

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Fig. 1. Complete erasure of the fingerprints.

Capecitabine is an oral antineoplastic agent classified as a pyrimidin analogue. It is widely used in breast [1] and colorectal cancers [2], among others. Unfortunately, it does not come without a cost, as the drug may have adverse effects – largely diarrhea, but also hand-foot syndrome [3].

More than hand-foot syndrome, which usually gives the patient a full recovery after the drug stoppage, continuous use

of capecitabine may uncommonly lead to loss of fingerprints, as has been already reported [4].

We report a case of a 47-year-old male, who had been diagnosed with metastatic rectal cancer in October 2013. He underwent surgery of the primary tumour to avoid local obstruction, with liver and peritoneal implants at the diagnosis. After receiving initially FOLFOX as first-line therapy, with good clinical

response, the patient developed a severe grades III/IV peripheral neuropathy which made impossible further oxaliplatin-based treatment.

At the time, the patient refused any intravenous therapy, so we decided to give capecitabine monotherapy as it was the only available option.

The patient used it for about eight months, starting with 2,000 mg/m² daily. Soon, he developed hand-foot syndrome,

initially mild (grade I) but eventually evolving into moderate to severe (grade IV), which prompted several dose reductions and administration delays with limited success in diminishing the side effects.

The patient then decided to stop all medical treatment for his disease and try unconventional medicine instead. Much to our surprise, he returned six months later still in reasonable good shape, not willing to resume anti-neoplastic therapy, but to complain that even though he had apparently fully recovered from hand-foot syndrome, he was not allowed to receive

a driver's license because he lacked fingerprints (Fig. 1). We wrote a letter explaining the medical reasons for that so he could get his license. By the time, his peripheral neuropathy was fairly better especially in the hands, as expected [5].

After that, he only returned a few months later when he was on the verge of liver failure and was admitted for palliative care and died.

This case highlights a rare condition that, even though not precisely a disease per se, may hinder patient's quality of life and must be recognised by the treating physician as a treatment-related side-effect.

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