Transient Acantholytic Dermatosis after Treatment with 2-Chlorodeoxyadenosine

Sir,

We agree with Meunier et al. (1) that cutaneous reactions secondary to 2-chlorodeoxyadenosine (2-CdA) in patients receiving this drug for the treatment of hairy cell leukemia have rarely been reported. In their retrospective study, 7 of 33 patients (21%) developed cutaneous manifestations while receiving daily intravenous continuous infusion of 2-CdA (at a dose of 0.1 mg/kg/day for 7 days): a maculopapular exanthem in 6 patients and toxic epidermal necrolysis in one (1). To the best of their knowledge, only one other hairy cell leukemia patient had previously been described who developed a diffuse maculopapular skin rash 4 days after initiating 2-CdA treatment at the same dose schedule (2). However, the cutaneous adverse reaction was attributed to a concurrently administered drug in 6 of these 8 patients (1, 2); in only 2 patients no other drug than 2-CdA was given (1).

Several patients with hairy cell leukemia have been treated at the University of Texas M.D. Anderson Cancer Center. One of the authors (RK) has managed the care of over 100 hairy cell leukemia patients during the past 9 years; most of these patients were treated with interferon alfa. However, at least 40 patients have been treated with 2-CdA (at a daily dose of 4 mg/m^2 for 7 days) as either their initial management or subsequent therapy (3). Two of these men developed biopsy-confirmed transient acantholytic dermatosis within 3 days after treatment with 2-CdA had been initiated or had been discontinued. Both patients (ages 45 and 51 years) were febrile; also, there was no improvement of the dermatosis after topical and/or intravenous antibiotics. The lesions were initially suspected to represent a disseminated herpesvirus infection in one of the men; however, there was no improvement after systemic acyclovir therapy. The lesions resolved within 1 to 2 weeks and have not subsequently recurred.

Transient acantholytic dermatosis is a benign self-limited disease characterized by pruritic and discrete papules and papulovesicles distributed mainly on the chest and back (4). The dermatosis has previously been described in oncology patients (5). In addition to our 2 patients who were receiving 2-CdA, biopsy-confirmed antineoplastic agent-associated transient acantholytic dermatosis has also been reported in 3 cancer patients who were being treated with recombinant human interleukin 4 for either metastatic renal cell carcinoma (2 men) or metastatic malignant melanoma (one man) (6).

The pathogenesis of cutaneous manifestations secondary to 2-CdA remains to be definitively established. Meunier et al. (1) speculate that a drug-induced prolonged cytopenia of CD4+ T lymphocytes may have a potential etiologic role in the development of 2-CdA associated dermatoses in hairy cell leukemia patients. In addition to maculopapular exanthems, we add transient acantholytic dermatosis to the list of cutaneous adverse reactions that may be observed in hairy cell leukemia patients receiving 2-CdA.

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