Flagellate erythema secondary to bleomycin

A 31-year-old man with testicular seminoma underwent combination chemotherapy with bleomycin, etoposide and cisplatin. During the first treatment cycle, 2 days after the second bleomycin infusion, he developed a violaceous, itchy and erythematous rash on his back with a striking linear configuration although he had not been scratching (Figure 1).

Bleomycin is a cytotoxic agent used to treat testicular cancer, lymphomas and squamous cell carcinomas. Bleomycin toxicity predominantly involves the skin and lungs. One form of cutaneous toxicity is flagellate erythema, a rash giving the appearance of whip marks. The onset may be from 1 day to 9 weeks after bleomycin administration.¹ This effect is idiosyncratic, and is related to neither bleomycin dose nor mode of administration.² Flagellate erythema usually responds well to stopping bleomycin and initiating a short-course of topical/systemic corticosteroids. The incidence of flagellate erythema in bleomycin-treated patients is 8–20%.² Clinicians should be aware of this peculiar cutaneous manifestation.

Photographs and text from: W. Khaliq and E.S. Antonarakis, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD 21224, USA.
email: wkhalq1@jhmi.edu

Conflict of interest: None declared.

References