

[PICTURES IN CLINICAL MEDICINE]

Papulopustular Rash Due to Tocilizumab

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Picture 1.



Picture 2.

A 43-year-old woman with systemic sclerosis developed generalized pruritic erythematous papules. Systemic sclerosis was diagnosed based on a fever, arthritis, and sclerodactyly with positive findings for anti-nuclear antibody 1280x (discrete pattern) and anti-centromere antibody. While the arthritis improved, painful pruritic papules with pustular elements appeared on both arms and buttocks (Picture 1), and some bruising was noted over the thighs (Picture 2) after 5 doses of subcutaneously injected tocilizumab (162 mg every 2 weeks). The rash failed to respond to a topical steroid and

antifungal ointment but promptly improved after the discontinuation of tocilizumab. Tocilizumab is a humanized anti-human interleukin-6 (IL-6) receptor monoclonal antibody. Cutaneous reactions to tocilizumab have included psoriasiform rash and leukocytoclastic vasculitis (1). The paradoxical increase in circulating IL-6 after the inhibition of the IL-6 receptor by tocilizumab may result in the intraepidermal recruitment of neutrophils and keratinocyte hypertrophy, which is seen in cases of psoriasiform rash and other forms of skin reactions (2).

The authors state that they have no Conflict of Interest (COI).

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