



Figure 1 Bilateral forearms demonstrate erythematous maculopapular rash.

resolution by 4 months. The patient continued crizotinib and remained in complete metabolic response on FDG-PET imaging in August 2020.

Crizotinib has been reported to have good tolerability with more common side-effects including visual disorders, diarrhoea, oedema and liver dysfunction.^{1,2} Unlike other tyrosine kinase inhibitors, such as those directed against EGFR alterations, marked dermatological toxicities are uncommon with 11–15% of patients experiencing grade 1–2 rash in early trials.^{1,2} To our knowledge, only three cases of dermatological photosensitivity requiring intervention have been reported. A patient with metastatic ALK-translocated NSCLC developed a grade 4 desquamating rash on sun-exposed areas, requiring systemic corticosteroids and ultimately crizotinib cessation 2 months following commencement, with marked oncological response noted.³ A second patient with metastatic ROS1-rearranged NSCLC developed a photo-allergic dermatitis 5 months following crizotinib initiation following an episode of significant sun exposure, which resolved with use of systemic and topical corticosteroids, anti-histamines and emollients.⁴ Ho et Chen, describe a patient who developed a lichenoid drug eruption on the extremities 4 weeks following drug commencement which sun exposure was noted to aggravate, who was treated with topical corticosteroids and continued treatment.⁵

Whilst uncommon, increasing use of crizotinib highlights the importance of awareness regarding such toxicities, particularly if simple measures such as advising patients to exercise caution regarding sun exposure might be sufficient to manage the complication of photosensitivity.

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Case Letter

Dear Editor,

Pityriasis rosea-like eruption revealing COVID-19

Pityriasis rosea is an acute, exanthematous disease likely caused by human herpesvirus HHV-6 and/or HHV-7.^{1,2} It mainly affects young adults. We present two cases of pityriasis rosea-like eruptions associated with COVID-19 infection.

A 26-year-old man was admitted with a diagnosis of pityriasis rosea. The patient was in good general health and was not on therapy with systemic drugs. He stated that the rash appeared some days earlier and was accompanied by pruritus. He also complained of mild headache, weakness and arthralgia. Dermatological examination revealed several erythematous-squamous papules and plaques located mainly on the upper limbs and trunk (Fig. 1). A diagnosis of pityriasis rosea-like eruption was made. Laboratory tests (including complete blood cell, liver and renal function, inflammatory markers, syphilis serology) showed only slight increase of erythrocyte sedimentation rate.

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Figure 1 Patient 1. Several erythematous-squamous papules and plaques located on the upper limbs and back.

Nasal swab was positive for SARS-CoV-2. Chest X-ray was normal. Cetirizine (10 mg/day) was prescribed. The patient was followed at his home. Skin lesions and other symptoms resolved within three weeks.

A 21-year-old man was admitted because of the appearance of a single infiltrated, erythematous, oval lesion located on the left hip (Fig. 2a). Mycological examination

was negative. A diagnosis of herald patch of pityriasis rosea was made. No treatment was suggested. One week later, the patient returned with a widespread erythematous-squamous rash on the chest and back, with lesions of different morphology and size (Fig. 2b). The patient complained of pruritus. Furthermore, the patient reported anorexia, abdominal pain, diarrhoea and weakness. We performed nasal swab for SARS-CoV-2, which was positive. All the other laboratory examinations were within normal ranges or negative. Also, this patient was followed at home and treated with cetirizine (10 mg/day). Both the rash and symptoms subsided within three weeks.

Various cutaneous manifestations have been associated with COVID-19.^{3,4} In addition to our cases, one other case of a pityriasis rosea-like eruption has also been reported.⁵ The cases we have described show a temporal relationship between pityriasis rosea or pityriasis rosea-like eruption and COVID-19, but they do not prove causality.

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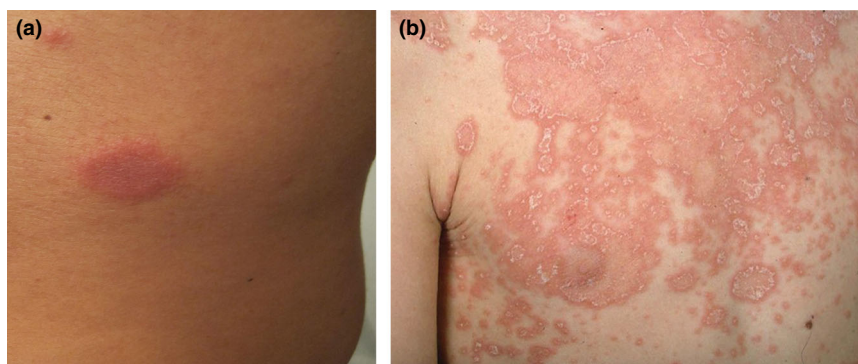


Figure 2 Patient 2. (a) Herald patch. (b) Widespread erythematous-squamous rash on the chest, with lesions of different morphology and size.