

A case of leukocytoclastic vasculitis in a MS patient following alemtuzumab treatment

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ABSTRACT

Alemtuzumab is a CD52 antagonist associated with frequent infusion reactions, usually transient and benign.¹ An uncommon but potentially serious side effect from alemtuzumab may be thrombocytopenia.² A significant decrease in platelet count may occur with thrombocytopenia purpura (TP) as a dermatological manifestation. This is a report of a case of leukocytoclastic vasculitis (LCV) occurring two weeks after a 5 days infusion of alemtuzumab

OBJECTIVE

To improve awareness, diagnosis and treatment of delayed cutaneous side effect from alemtuzumab

METHODS

Clinical history, physical evaluation, laboratory confirmation including photographs and skin biopsy



Figure 1



Figure 2

RESULTS

The patient was a 52-year-old Caucasian man treated with alemtuzumab for continued disability for relapsing multiple sclerosis (RMS). He received 5 days of 12 mg daily IV with pre-treatment with 1000 mg IV methylprednisolone for the first 3 days, then 500 mg for the last 2 days with daily diphenhydramine and acetaminophen without side effects during the 5 days of infusion. Ten days after the last alemtuzumab infusion he felt a generalized pruritus with an erythematous, diffuse dermatitis appearing the next day primarily on his upper legs and forearms. Examination of the skin showed an erythematous, purpura-like dermatitis but no other abnormalities. Platelets were normal. Clinical suspicion was that of LCV, confirmed by skin biopsy. He was given prednisone 60 mg daily for one week when he was seen again with full recovery. Prednisone was tapered and stopped over the next week. There has been no recurrence. No other illness or etiology has emerged. His neurologic status has markedly improved and stabilized.

DISCLOSURE: KE: Consulting and/or Speaking fees: Biogen, Genzyme; Grant/Research support: Biogen, Genentech, Genzyme/Sanofi; CL, JS, JLS, VK: Nothing to disclose

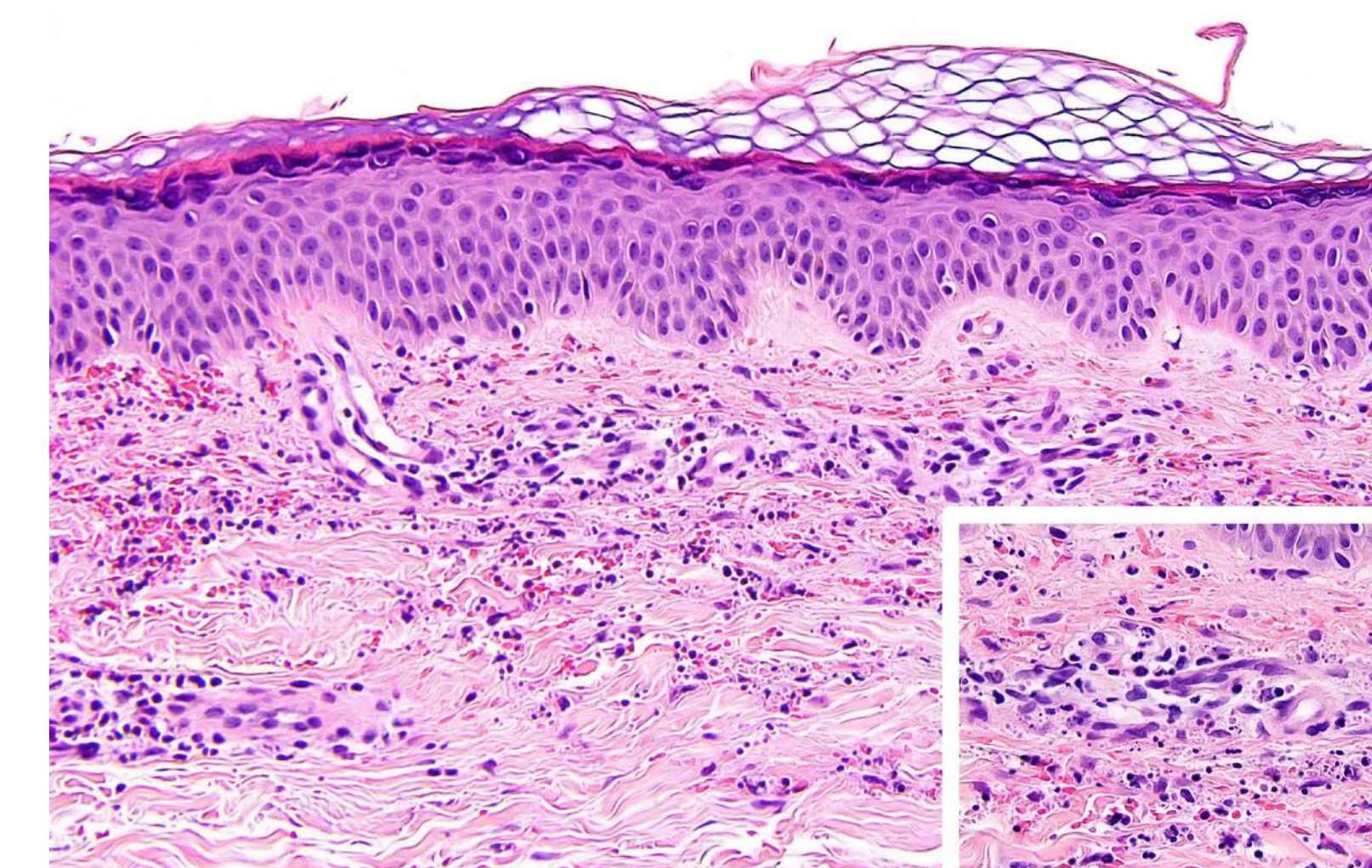


Figure 3 - "Superficial and mid dermal mixed inflammatory infiltrate with erythrocyte extravasation (40X). Note the endothelial swelling and neutrophilic karyorrhectic debris within the walls of small cutaneous vessels (inset, 400X)"

CONCLUSIONS

Alemtuzumab is an effective treatment for some patients with MS but it may be associated with potentially life-threatening thrombocytopenia for which monitoring is done monthly. This LCV, not previously reported with alemtuzumab monotherapy, must be distinguished from TP. LCV may be self-limited and responsive to steroids, but other concomitant diseases need to be excluded.³

REFERENCES

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