VIA MEDICA

CLINICAL VIGNETTE

Oncology in Clinical Practice
DOI: 10.5603/ocp.98272

ISSN 2450-1654
eISSN 2450-6478

Trichomegaly as a rare complication of panitumumab therapy for colon cancer

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Keywords: trichomegaly, panitumumab, colon cancer, clinical oncology, general surgery

A 42-year-old male patient attended the Emergency Ward due to stabbing pain in the right lower abdomen present for 2 days. The patient had an appendectomy in childhood. On physical examination, there were positive peritoneal symptoms without costovertebral angle tenderness (negative Goldflam sign). After abdominal computer tomography (CT) that suggested a disseminated neoplasm, the patient was admitted to the Clinic of General Surgery and Nutritional Treatment with the suspicion of advanced neoplasm with coexisting peritonitis.

An exploratory laparotomy was performed with the extraction of samples for histopathological examination. A colonoscopy was also performed, however, a very big tumor mass blocked the device in the sigmoid colon (samples were collected too). The pathologist diagnosed a mucinous adenocarcinoma with immunohistochemical markers: CK7+, CK19+, CK20+, and CDX2+. The colon was indicated as the most plausible source of neoplasm. After the post-operative period, the patient was moved to the Chair of Clinical Oncology and Chemotherapy for further diagnostics. The lesion was qualified as TxNxM1 on the TNM scale.

A genomic examination was performed, using the FoundationOne®CDx a next-generation sequencing (NGS) based assay. The results are: S1504fs*2, L479* for *APC*, amplification for *CCND2*, R531* for *FAMI123B*, and L265del for *TP53*. Other genes, including *EGFR, RAS*, and *BRAF* presented as wild-types.

The patient was qualified for chemotherapy based on the FOLFOX scheme (folinic acid, fluorouracil, and oxaliplatin) with additional panitumumab (following recommendations from the genomic test). At first, the patient achieved regression of measurable lesions on control abdominal CT, but later his disease stabilized. After 9 cycles of chemotherapy, the patient presented with a specific side effect of panitumumab — trichomegaly (Fig. 1) but did not report any complication impacting his quality of life except the cosmetic effect. Consequently, the FOLFOX scheme was completed, and panitumumab was still administered at the time of the manuscript submission. The patient did not report abdominal pain or other acute symptoms of this neoplasm.

Trichomegaly is reported as a rare complication of EGFR-inhibitor therapy — a single prospective study estimated its occurrence to be 1.7% [1]. Usually, it is not a dangerous condition — the proposed EGFR-inhibitor dermatologic-adverse-event-specific grading scale from the MASCC skin toxicity study group qualifies trichomegaly as mild or moderate, depending on its psychological effect [2]. On the other hand, that condition may lead to conjunctivitis or conjunctival ulceration that requires antibiotic-based therapy [3].

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Received: 20 November 2023; Accepted: 7 January 2024; Early publication: 31 January 2024

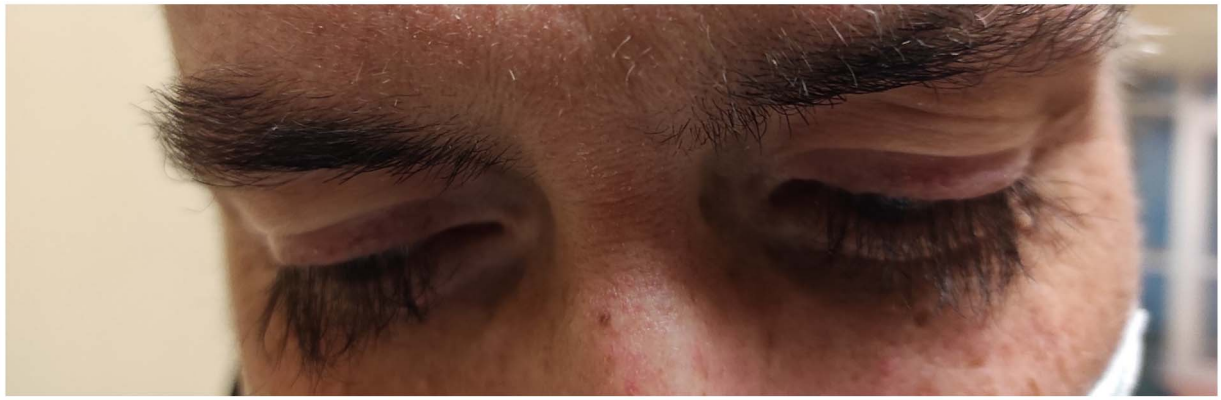

Figure 1. Photography of the patient's trichomegaly developed during panitumumab therapy. The photo was obtained with the patient's consent

Article Information and Declarations

Ethics statement

Ethic Statement not required due to no intervention.

Author contributions

J.K.G.: conceptualization, formal analysis, investigation, resources, data curation, writing — original draft preparation, visualization; K.S.: conceptualization, methodology, formal analysis, investigation, resources, data curation, writing — review and editing, visualization, supervision, project administration; P.P.: formal analysis, investigation, resources, data curation; M.M.: formal analysis, investigation, data curation; S.M.: methodology, formal analysis, investigation, data curation, supervision, project administration.

Funding

None.

Acknowledgements

None.

Conflict of interest

The authors declare no conflict of interest.

Supplementary material

None.

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