CLINICAL PRACTICE

Gemcitabine Associated Pseudocellulitis

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Figure 1. Elderly male patient with confluent, macular erythema on bilateral lower extremities with grade III lower extremity edema.

An elderly male with metastatic pancreatic adenocarcinoma and no prior history of pedal edema presented with painful, confluent, macular erythema on bilateral lower extremities with grade III lower extremity edema for 1 week following two cycles of gemcitabine. He was afebrile with local warmth and tenderness and a total leukocyte count of

5000 cells/mm³. An initial diagnosis of cellulitis was made after a negative Doppler ultrasound for DVT was completed. The patient was started on cefazolin. However, failure of the antibiotic trial and absent systemic manifestations led to the presumptive diagnosis of gemcitabine associated pseudocellulitis. The symptoms promptly resolved with withdrawal of the offending agent (Fig. 1).

Gemcitabine associated pseudocellulitis has typically been described as a radiation recall phenomenon.^{1,2} Pseudocellulitis is a non-necrotizing inflammation of the dermis and hypodermis, which can perplex clinicians into unwarranted use of antibiotics.³ Treatment involves withdrawal of gemcitabine and symptomatic management with NSAIDs. Cutaneous reactions to gemcitabine are frequent and usually restricted to a self limited rash occurring in 25 % of the patients. Description of livedo reticularis,⁴ scleroderma like changes,⁵ sweet's syndrome⁶ and TEN have been limited to isolated cases. This case reiterates the need for awareness of chemotherapy associated adverse reactions by internists.

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