

Rare serious complications of erlotinib therapy

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To the editor:

I read with great interest the article by Alessandris et al. [1]. Interestingly, erlotinib may result in rare but fatal complications.

For instance, erlotinib may cause pulmonary complications. It may result in bronchiolitis obliterans and lung fibrosis [4]. Pneumonia may result because of these pulmonary changes [2]. Patients usually present with acute or sub-acute shortness of breath. Occasional deaths have been reported because of erlotinib-induced ARDS or respiratory failure [7].

Similarly, acute hepatitis and even acuter hepatic failure may occur because of erlotinib therapy [3]. Given this, liver function tests should be performed before initiating erlotinib therapy in carcinoma patients. Discontinuation of erlotinib therapy usually results in resolution of the acute hepatitis [6].

Vascular complications may also occur. For instance, superior vena cava syndrome has been reported following initiation of erlotinib therapy [5]. Patients may present with cyanosis and dyspnea. Thrombolytic therapy with agents such as streptokinase usually results in alleviation of the symptoms.

Other common side effects of erlotinib therapy include anemia, neutropenia and rashes. Rashes occur in 52 % of patients. Thrombocytopenia may also occur. It is clear from the above example that erlotinib needs to be used carefully and patients should be monitored for these rare yet serious complications.

Conflicts of interest None.

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