

Treatment of erlotinib-induced acneiform eruption with chromophore gel-assisted phototherapy

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CASE STUDY

49-year old female with an acneiform eruption induced by erlotinib. Patient was diagnosed with stage IV EGFR-mutant adenocarcinoma of the lung and commenced on erlotinib 150 mg/day. Within 3 days, she developed an acneiform eruption (Fig.1).

Different treatments were tried:

- Topical hydrocortisone and systemic doxycycline 100 mg/day: acneiform eruption progressed.
- Daily washes with benzoyl peroxide and transition to topical methylprednisolone aceponate and minocycline 100mg: modest response.
- Treatment with chromophore gel – assisted phototherapy (Kleresca[®]). Patient received 12 sessions over six weeks: very good response (Fig. 2).

RESULTS AFTER KLERESCA[®] ACNE TREATMENT

Topical and oral treatments tried were ineffective, but Kleresca[®] showed positive results:

- **Decrease** of severity of acneiform eruption from an Investigator's Global Assessment (IGA) of **5** to **0**.
- **Decrease** of scoring of the Acne Quality of Life Index from **78** to **23**.
- **Increase** on the Acne-QOL index from **49** to **109**.



Fig.1

Acneiform eruption induced by erlotinib as treatment of EGFR-mutant adenocarcinoma of the lung.



Fig.2

Resolution of acneiform eruption with chromophore gel-activated phototherapy leaving residual changed to hyperpigmentation and atrophic scarring.

CONCLUSIONS

- There is emerging evidence for the effectiveness of Kleresca[®] using Fluorescent Light Energy (FLE) in acne, as well as other dermatological conditions with adnexal pathology such as rosacea.
- Kleresca[®] is non-invasive, in-clinic intervention with no known systemic side effects.
- The case presented suggests that there may be some promise in using Kleresca[®] as management of acneiform eruptions induced by EGFR inhibitors.

For more information, visit the original [publication](#).