Psoriasis-like eruption and arthritis secondary to Mogamulizumab in a patient with Sézary Syndrome

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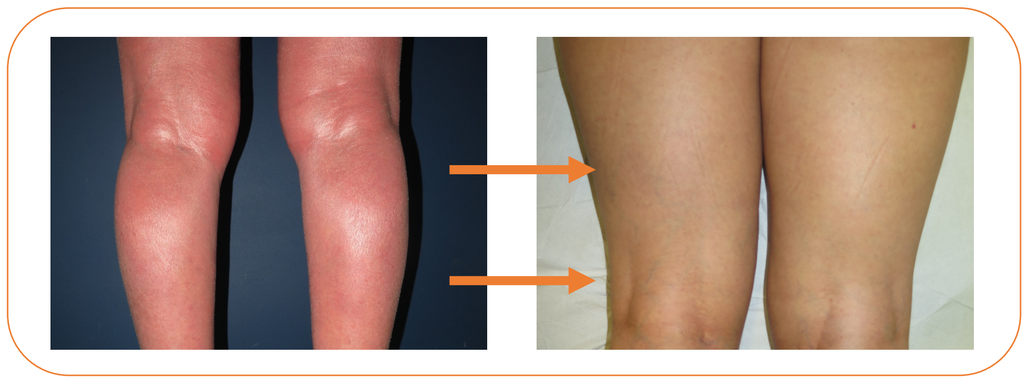
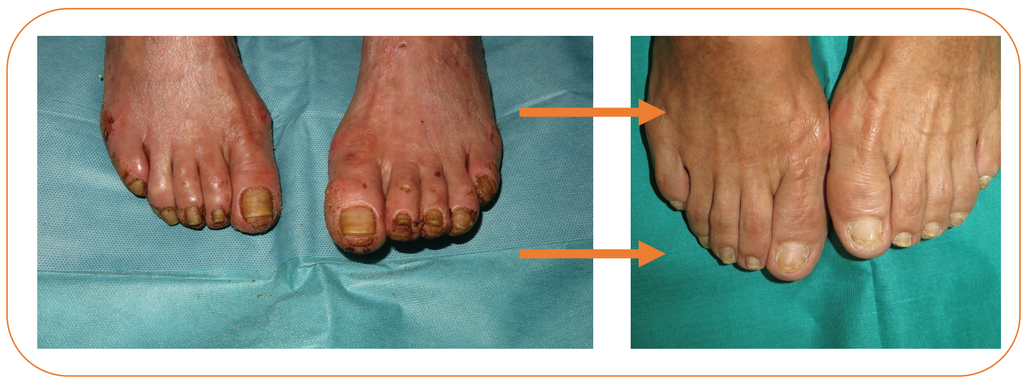
Mogamulizumab is an anti-CC chemokine receptor 4 (CCR4) monoclonal antibody that has been approved for the treatment of adult patients with relapsed or refractory mycosis fungoides (MF) or Sézary syndrome (SS) who have been treated with at least 1 prior line of therapy.

We present the case of a 76-year-old woman diagnosed with SS refractory to all prior lines of therapies, who presented a prolonged response to Mogamulizumab in the peripheral blood, skin, and lymph nodes.





However, after almost 1 year of treatment, the patient developed psoriasis-like patches (confirmed by histology), and arthritis mainly in the shoulder girdle, hip and cervical region diagnosed by MRI and Ultrasonography- as a polymyalgia rheumatica-like.

After consensus between hematologists, dermatologists and rheumatologists, the patient was treated with low-dose prednisone (5-10mg) daily and mogamulizumab was tapered (dose widening to every two months), with great control of side effects and maintenance of complete response of her SS (skin, peripheral blood, and lymph nodes) until now.

Mogamulizumab has been shown to be an effective and well tolerated therapy for patients with relapsed and refractory MF/SS with excellent activity in the circulating component of the disease. Common adverse events include infusion reactions and drug eruptions and increase of the risk of immune-mediated complications such as autoimmune disease and acute graft-versus-host disease following transplantation. However, we still must be aware of new drug eruptions and side effects that require prompt diagnosis and treatment.

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