

Yellow Urticaria

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Case presentation

A 51-year-old patient with metastatic colorectal cancer, treated with dabrafenib, trametinib and cetuximab, presented with the acute onset of yellowish skin lesions. On clinical examination, multiple itching, intense yellowish skin swellings on the trunk and extremities were observed. The unaffected skin, however, was not icteric, contrary to the sclerae (Figure 1 A-C). Besides marked leukocytosis and elevated liver function parameters (GGT 708 U/L, GOT 80 U/L, GPT 52 U/L) laboratory investigations revealed a markedly increased serum bilirubin level (9.55 mg/dl; 0.1-1.2). Our patient suffered from acute urticaria with wheals appearing yellowish due to marked elevated serum bilirubin. An association with the aforementioned drugs in our case is likely, but urticaria may also be induced by an inflammatory process in a patient suffering from cancer. The lesions resolved within a few days under antihistamine treatment, and the skin color of the previous prominent yellowish lesions adapted to that of the surrounding skin. Due to his underlying disease, the patient died a few weeks later.

Teaching point

Novel therapies like checkpoint-inhibitors or immunoncological agents revolutionized treatment in several advanced malignancies. Consequently, a broad spectrum of adverse events in different degrees of severity can occur at any time of therapy, even after cessation of treatment.

Urticaria is a very common skin disease; yellow urticaria, however, is a seldom and unusual variant and to date no more than ten cases are reported since the first report in 1969 and all hitherto reported cases have a hyperbilirubinemia as definitive cause in common [1,2].

References

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Figure 1. (A) Clinical image showing the left arm with multiple yellowish skin swellings. (B) Close up. (C) Yellow-colored sclerae.