Sunitinib-induced hand-foot syndrome

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A 50 year old male on sunitinib for metastatic renal cell carcinoma presented with bilateral symmetrical, well demarcated, tender, erythematous, scaling lesions on the medial and lateral aspect of plantar surface of feet involving great toes and fore foot.

Hand-foot syndrome (HFS), also called hand-foot skin reaction, palmar-plantar erythro-dysesthesia, acral erythema, and Burgdorf reaction, is a dose-limiting cutaneous toxicity of many chemotherapeutic agents. Recently, the multiple tyrosine kinase inhibitor class of novel targeted therapies, including sorafenib and sunitinib, has emerged as an important cause of HFS. Sunitinib has good safety profile but the most troublesome adverse effect is specific hand-foot skin reaction (HFSR), affecting about 10-28% of patients. It occurs predominantly in pre-existing hyperkeratotic areas, such as areas of support of foot (heel, metatarsal heads, corns, and lateral aspects of toes) or flexure of hands, suggesting the role played by subclinical traumas in the onset of the

lesions. However, this differs from the HFSR conventionally reported with fluorouracil/capecitabine, which is characterized by diffuse erythema and oedema (usually symmetrical), often predominant in the hands and which may involve palmo-plantar and/or dorsal surfaces.

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