

Cutaneous fistula: a new complication of sorafenib treatment

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Key words Cutaneous fistula, sorafenib, renal cell carcinoma

Summary

Sorafenib (Nexavar®; Bayer Pharmaceuticals Corporation, West Haven, CT) is an oral multi-kinase inhibitor which acts on the tumor cells and cells of the tumor vasculature (i.e., vascular endothelial cells and pericytes). It is a registered treatment in the European Union for the treatment of patients with advanced renal cell carcinoma who have failed prior interferon-alpha or interleukin-2 based therapy or are considered

unsuitable for such therapy. The most common side effects with sorafenib are lymphopenia, hypophosphatemia, hemorrhage, hypertension, diarrhea, nausea, vomiting, rash, alopecia, 'hand foot syndrome', erythema, pruritus, fatigue, pain, and increased amylase and lipase. This short report describes 2 patients with a loco-regional recurrence of a renal cell carcinoma, who developed a cutaneous fistula after treatment with sorafenib.

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Case history

A 74-year old woman with a history of non-insulin dependent diabetes mellitus underwent a left nephrectomy for an undifferentiated renal cell carcinoma of the left kidney (pT3bpN0M0). Four months later, she developed a local recurrence (*Figure 1a*) with lung metastases. She was treated with sorafenib. Four weeks after starting sorafenib she complained of a swelling at the lumbotomy scar and developed a fistula (*Figure 1b*). She was treated with drainage and the treatment with sorafenib was stopped. The fistula did not heal and she died due to progressive disease.

A 60-year old man with obesitas, arterial hypertension, coronary insufficiency and chronic renal failure was treated by right nephrectomy for a clear cell carcinoma of the right kidney. Sixteen months later he developed a local recurrence (*Figure 2a*) and was treated with sorafenib. Eight weeks later he developed a painful swelling at the lumbotomy scar and developed a fistula (*Figure 2b*). He was treated conservatively with drainage and continued on sorafenib. Three months after development of the fistula, he is still doing well but the fistula did not heal.

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Conclusions

This is the first report in patients with a local recurrence of a renal cell carcinoma, who were treated with sorafenib and developed a fistula in the lumbotomy scar. Both patients had a necrotic large recurrence. This complication should be mentioned in patients with a local recurrence and treated with sorafenib.

Key messages for clinical practice

1. A fistula can develop in the lobotomy scar of patients with a local recurrence of a renal cell carcinoma who were treated with sorafenib.
2. This complication should be mentioned in patients with local recurrence who are treated with sorafenib.

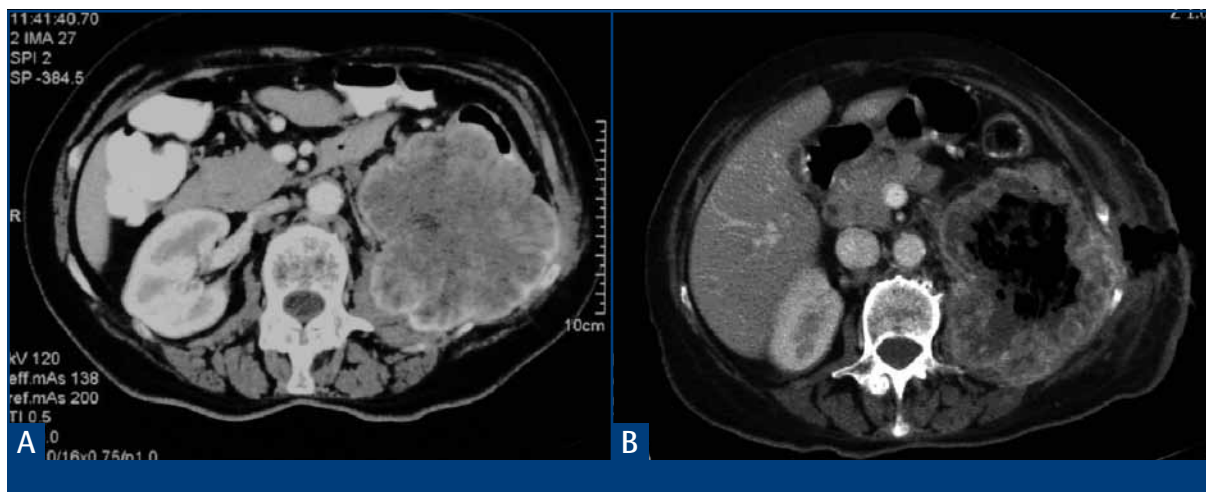


Figure 1. Local recurrence of a renal cell carcinoma (a, left) and a fistula after starting sorafenib treatment (b, right).

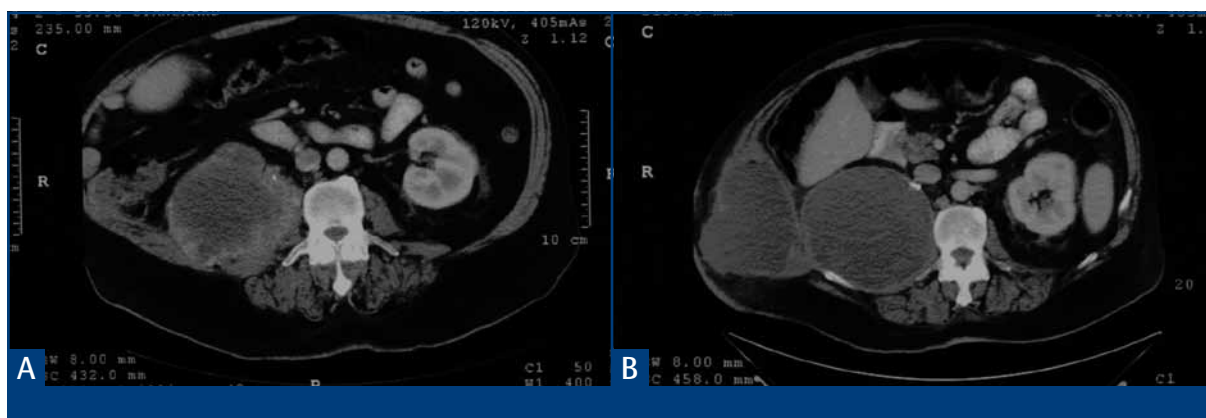


Figure 2. Local recurrence of a renal cell carcinoma (a, left) and a fistula after starting sorafenib treatment (b, right).

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