

LESIONS CUTANÉES DES TRAITEMENTS CIBLANT L'EGFR

Parmi ces effets, le plus fréquent est une éruption papulo-pustuleuse folliculaire (acnéiforme, cf. **Tableau 19**). Cet effet secondaire est le plus fréquent et le plus précoce. Il apparaît au niveau du visage et du haut du tronc, dans les 2 semaines (8-10 jours en moyenne) suivant l'introduction du traitement (70% des cas). L'éruption atteint un plateau à 10 semaines avant de décroître progressivement. La durée médiane de cet effet est de 17 semaines avec un pic d'intensité et de fréquence entre 3 et 5 semaines suivant l'initiation (69). Cet effet est dose-dépendant et peut affecter la qualité de vie, (70). La prise en charge de cet effet secondaire ne fait pas l'objet d'un consensus.

Grade 1	Papules ou pustules couvrant moins de 10% de la surface corporelle , avec ou sans symptôme à type de prurit ou hypersensibilité.
Grade 2	Papules ou pustules couvrant 10 à 30% de la surface corporelle , avec ou sans symptôme à type de prurit ou hypersensibilité. ; et/ou associé à un impact psychosocial ; et/ou gênant les activités instrumentales de la vie courante ; et/ou papules ou pustules plus de 30% de la surface corporelle avec ou sans symptômes légers.
Grade 3	Papules ou pustules couvrant plus de 30% de la surface corporelle avec symptômes modérés à sévère ; et/ou limitant la capacité à prendre soin de soi ; et/ou nécessitant des antibiotiques par voie IV.
Grade 4	Conséquences vitales
Grade 5	Décès

Tableau 19 – Cotation de l'éruption papulopustuleuse selon la classification CTCAE v5.0

1. Prévention

- Information du patient.
- Toilette à l'eau claire ou avec pain sur-gras dermatologique sans savon.
- Photo-protection : éviction ou crème solaire indice 50+.
- Crème émolliente 2 fois par jour.
- L'utilisation préventive de doxycycline par voie orale à 100 mg/j permet de réduire la fréquence et l'intensité de la folliculite (71).
- Consultation médicale dans le mois suivant l'introduction de la thérapie ciblée pour en évaluer la toxicité.
- Analyse soigneuse des **interactions médicamenteuse, y compris des traitements complémentaires**.

2. Traitement

- Grade 1 : un **traitement local** est habituellement suffisant. Utiliser des antiseptiques à base de Cuivre-Zinc pour la toilette. Les antibiotiques locaux (érythromycine, métronidazole, clindamycine) et les crèmes à base de Cuivre-Zinc semblent soulager le patient. En cas de demande, pour camoufler les lésions, il faudra conseiller du maquillage non comédogène. À noter que, dans certains cas, les dermocorticoïdes peuvent être efficaces.
- Un **traitement systémique** est nécessaire lorsque les lésions sont étendues, profuses ou mal tolérées par le patient. Les cyclines (Doxycyclines 100 mg à 200 mg/j) sont à prescrire en première intention. Un traitement

de 4 à 8 semaines est souvent suffisant. Chez certains patients, une dose d'entretien à 50-100 mg/j peut être poursuivie.

- **Diminuer les doses d'anti-EGFR** peut être nécessaire en cas de réaction cutanée très importante ou très mal tolérée par le patient (grade 3). On sait maintenant qu'en cas d'éruption très intense, il est préférable d'arrêter transitoirement le traitement puis de reprendre à dose atténuée. Lors de la réintroduction, la récurrence de la folliculite n'est pas obligatoire et si elle réapparaît, elle est souvent moins sévère.
- Prise en charge psychologique.

D'autres effets cutanés liés aux anti-EGFR sont fréquents :

- La sécheresse cutanée peut être traitée par des soins locaux émollients. Elle apparaît plus tardivement, après 1 à 3 mois de traitement. En cas d'atteinte fissuraire, des pommades à base d'urée peuvent soulager les patients (Xérial 10).
- Les paronychies (inflammation péri-unguéale) touchant plus souvent les orteils que les doigts des mains, apparaissent après au moins 1 mois de traitement. Elles sont de traitement difficile associant soins locaux non traumatiques (nitrate d'argent, dermocorticoïdes sous surveillance étroite car favorisent les surinfections, azote liquide) et antibiothérapie locale ou générale. Des mesures préventives peuvent être conseillées (éviction des frottements, des traumatismes, port de chaussures larges).
- Les anomalies des phanères (alopécie en bandeau, cheveux devenant cassants et difficiles à coiffer, hypertrichose du visage réversible à l'arrêt du traitement, allongement des cils) apparaissent généralement plus tardivement, après 2 à 3 mois d'utilisation et peuvent avoir un impact psycho-social.

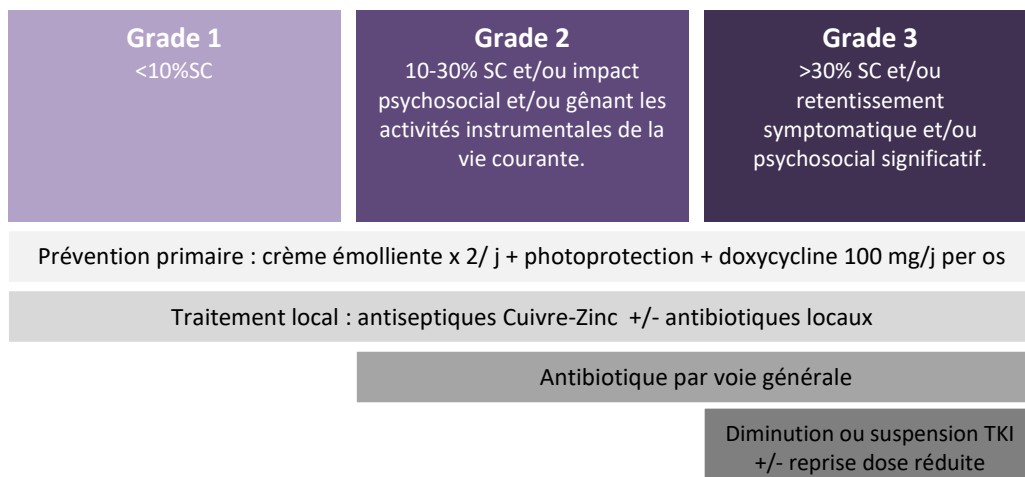


Figure 3- Schéma d'aide à la décision pour la prise en charge d'une éruption sous TKI.

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