Diagnosing and managing dupilumab-associated erythema in patients with skin of color

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Background

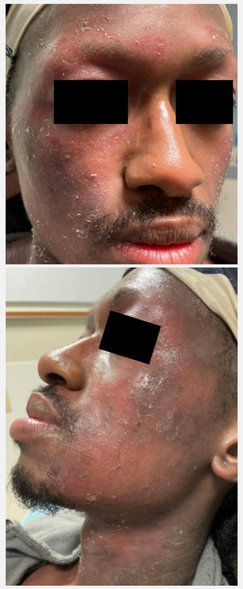
- Dupilumab, a monoclonal antibody targeting interleukin-4 receptor alpha, has transformed the management of moderate-to-severe atopic dermatitis
- Emerging reports of an adverse effect not highlighted in initial clinical trials: erythematous eruption on head and neck
- Poses a unique therapeutic challenge due to its poorly understood etiology and pathogenesis
- Underrecognized and undertreated in skin of color patients due to its variable presentation and difficulty in distinguishing it from underlying atopic dermatitis
- We present a series of cases of dupilumab-associated erythema in patients with skin of color

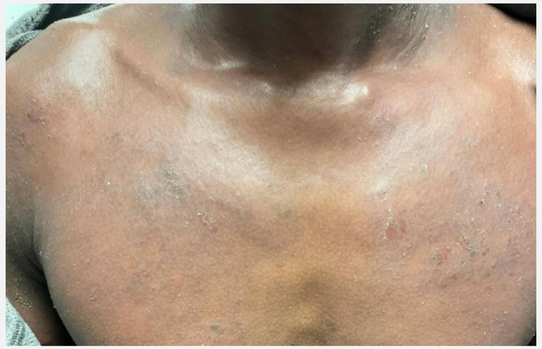
Objectives

- Identify clinical features of dupilumab-associated erythema particularly in patients with skin of color
- Understand the importance of prompt recognition and intervention for dupilumab-associated erythema in primary care settings to avoid early interruption or discontinuation of dupilumab therapy

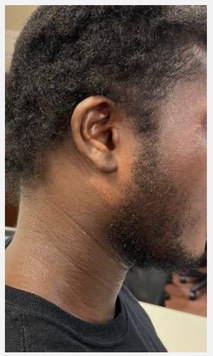
Clinical Presentation

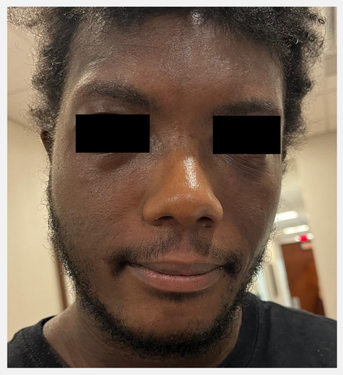
Case 1: 24-year-old male with chronic eczema developed worsening erythematous and desquamating rash on face, neck, and trunk after switching to dupilumab prompting ED visit





Case 2: A 26-year-old male with full-body eczema, which initially improved on dupilumab, but patient continued to experience flares on his upper lips, eyelids, and neck with burning sensations





Discussion

- Dupilumab-associated erythema can have a broad range of presentations
  - May be severe as in our first case or subtle as in our second patient
- Exact pathogenesis is unknown but thought to be because of dupilumab-induced hypersensitivity to Malassezia yeast
- Delineating this entity from pre-existing atopic dermatitis is more difficult in skin of color due to co-existing features such as dyspigmentation and lichenification

Diagnosis

Key distinguishing characteristics:

- Seborrheic distribution (perioral, hair-bearing areas)
- Burning sensation
- Onset after dupilumab initiation

Management

- Conservative measures: emollients, topical zinc oxide
- Medical management
  - Most common treatments: topical corticosteroids, calcineurin inhibitors, and antifungal agents
  - We utilized ketoconazole 2% cream and shampoo and itraconazole 200 mg daily
- Withdrawal is not recommended

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