DESENSITISATION TO IBRUTINIB IN A PATIENT WITH SERIOUS LATE REACTION: A CASE REPORT

R. TAMAYO BERMEJO, L. YUNQUERA ROMERO, M. NIETO GUINDO, I. MUÑOZ CASTILLO.
REGIONAL UNIVERSITY HOSPITAL OF MÁLAGA, PHARMACY DEPARTMENT, MÁLAGA, SPAIN.

Background

The use of a desensitization protocol allows tolerance to drugs to which a hypersensitivity reaction has occurred, allowing treatment options which in some cases are the only ones available.

Objectives

Describe the use of a DP for ibrutinib in a patient with limited treatment options.

Material and methods

67-year-old woman diagnosed with stage IV chronic lymphatic leukemia, not candidate for transplantation with a history of relapse to previous treatments with Fludarabine-Cyclophosphamide and R-Bendamustine.

After 14-months treatment with Ibrutinib with good tolerance, a serious late reaction arose with a generalized purpuric rash of several days of evolution, accompanied by arthromyalgia that required hospitalization and forced drug discontinuation, with subsequent clinical resolution.

As an allergic history of interest, the patient had developed a cytokine-release syndrome to immunoglobulin administration, previously.

Intradermal test for differential diagnosis of allergy vs. late cutaneous adverse reaction was not conclusive for sensitization to ibrutinib and a desensitization was proposed based on Phadke NA et al.

Results

Desensitization protocol was performed with both hospital and home administration:

The doses administered at the hospital were prepared in syringes with the individual doses at the Pharmacy Department to be administered that same day in the Day Hospital of Allergy Department.

To prepare the doses administered at home, information was given to the patient on how to prepare an extemporaneous preparation and the volume to be administered each day. A bottle with the volume of purified water where to disperse the capsule each day was given.

- Ibrutinib capsules were dispersed in purified water.
- Daily doses were administered 1 hour apart.

Conclusion

The patient returned to the usual treatment with safety and good tolerance, without losing this therapeutic option.