MARIBAVIR-INDUCED TOXIC EPIDERMAL NECROLYSIS IN A LIVER TRANSPLANT PATIENT: A CASE REPORT.

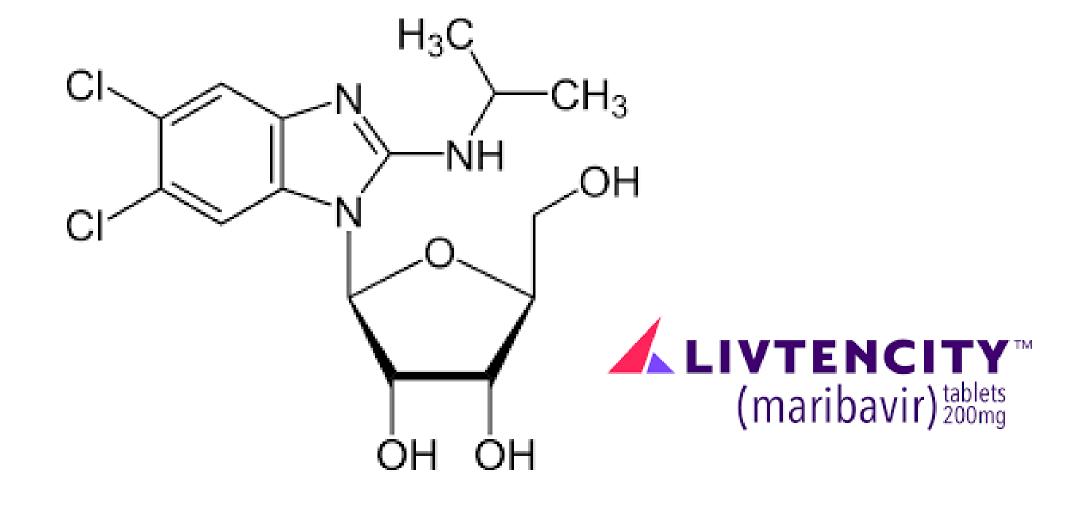
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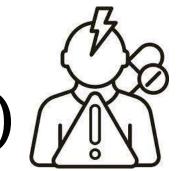
BACKGROUND



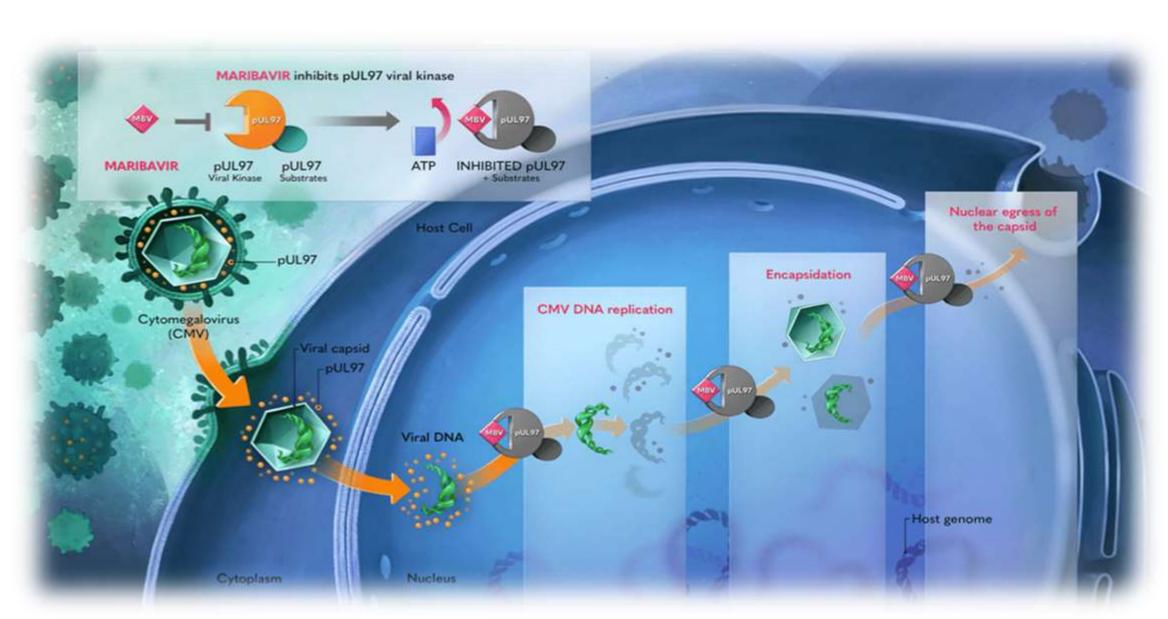
Maribavir is a new oral agent that inhibits UL97 protein kinase of cytomegalovirus (CMV), resulting in the termination of the virus growth. We present a case of a toxic epidermal necrolysis (TEN) secondary to maribavir, a previously undescribed adverse effect (AE).



ADVERSE REACTION (AE)



Dermatological toxicity emerged following one month of intake: generalized **painful skin lesions**, consisting on **tense bullae** and a large **detachment** of the epidermis, **BSA=60%** and **Nikolsky +++**. TEN diagnosis was assumed, and the patient was later moved to the ICU due to the worsening of the injuries.





Liver-transplanted male patient (March 2021) with an ultra-refractory CMV infection that caused retinal necrosis, severe pancytopenia due to valganciclovir intake, and foscarnet-related nephrotoxicity. Treatment with maribavir was started before its commercialization as no other option was available.





Mucosal and skin involvement in maribavir-induced TEN*.

TREATMENT



Treatment: five-day course of 125mg intravenous **methylprednisolone** and 2g/kg inespecific **immunoglobulin**. His overall status improved, and skin and mucosal lesions decreased. Epidermal detachment was less evident too. **Evolution was favorable** and no more new lesions appeared after ten days, only scarring lesions were visible.

CONCLUSIONS AND RELEVANCE





The detected AE is particularly interesting and severe since maribavir is a very recent drug with limited patient exposure. Spanish and European Agencies were noted. At early stages, pharmacovigilance becomes critically important in order to detect not yet described AEs. Development of multidisciplinary teams formed by physicians and pharmacists is key to ensure the safety of drugs and minimize the incidence of severe AEs.









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