

Hyperpigmentation following THC chemotherapy in a 51-year-old woman with metastatic HER2-enriched breast cancer

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ABSTRACT

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Cutaneous hyperpigmentation is a frequent occurrence among breast cancer patients undergoing TCH (docetaxel, carboplatin, and trastuzumab) chemotherapy regimens but is underreported as an adverse event of chemotherapy. This case report describes a 51-year-old woman with metastatic Human Epidermal Growth Factor Receptor 2 (HER-2)-enriched invasive ductal carcinoma (T3N3aM1; bone/liver metastases) who developed diffuse hyperpigmentation after three cycles of docetaxel/carboplatin/trastuzumab (TCH) chemotherapy. Hyperpigmentation manifested as facial melasma-like patches and persisted until 1 year after chemotherapy. The incidence of hyperpigmentation in patients undergoing TCH/Taxane regimens for HER2-enriched subtype has been rarely documented in the literature. This HER2-enriched subtype, which is negative for hormonal receptors, shows a 2.1-fold higher rate of skin-related adverse events compared to luminal-HER2-positive tumours. This difference may be attributed to greater chemosensitivity and increased proliferative activity in this subtype. Management of hyperpigmentation during TCH chemotherapy involves the use of topical agents and continuation of chemotherapy for up to 6 cycles. In 83% of cases, pigmentation resolves within 2 to 6 months after treatment. Hyperpigmentation as a TCH-related toxicity in HER2-positive metastatic breast cancer can be a concerning and distressing symptom. Early recognition and dermatologic collaboration can improve quality of life.

ABSTRAK

Hiperpigmentasi kulit sering terjadi pada pasien kanker payudara yang menjalani rejimen kemoterapi TCH (docetaxel, carboplatin, dan trastuzumab), tetapi jarang dilaporkan sebagai efek samping kemoterapi. Laporan kasus berikut melaporkan seorang wanita berusia 51 tahun dengan karsinoma duktal invasif Human Epidermal Growth Factor Receptor 2 (HER-2)-enriched (T3N3aM1; metastasis tulang/hati) yang mengalami hiperpigmentasi difus setelah tiga siklus kemoterapi docetaxel/karboplatin/trastuzumab (TCH). Hiperpigmentasi bermanifestasi sebagai bercak seperti melasma pada wajah dan bertahan hingga 1 tahun setelah kemoterapi. Insiden hiperpigmentasi pada pasien yang menjalani rejimen TCH/Taxane untuk subtype HER2-*enriched* jarang didokumentasikan dalam literatur. Subtipe HER2-*enriched* dengan reseptor hormonal negatif menunjukkan tingkat efek samping terkait kulit yang 2,1 kali lipat lebih tinggi dibandingkan dengan tumor luminal-HER2 positif. Perbedaan ini mungkin disebabkan oleh kemosensitivitas yang lebih besar dan peningkatan aktivitas proliferasi pada subtipe ini. Penatalaksanaan hiperpigmentasi selama kemoterapi TCH melibatkan penggunaan agen topikal dan kemoterapi tetap dilanjutkan hingga 6 siklus. Pada 83% kasus, pigmentasi sembuh dalam waktu 2 hingga 6 bulan setelah pengobatan. Hiperpigmentasi sebagai toksisitas terkait TCH pada kanker payudara metastasis HER2-positif dapat menjadi gejala yang mengkhawatirkan dan stress tersendiri bagi pasien. Pengenalan dini dan kolaborasi dengan spesialis dermatologi dapat meningkatkan kualitas hidup pasien.

Keywords:

HER2-positive breast cancer;
TCH chemotherapy;
hyperpigmentation;
cutaneous adverse reactionp