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

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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).



CASE PRESENTATION

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.







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.

Mucosal and skin involvement in maribavir-induced TEN*.



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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