INTRODUCTION

The extravasation of cytostatic drugs is a common problem, and their data very little and variable. Various publications estimate that the incidence varies between the 0.01% and the 7% of them intravenous treatments, with results very variable, from a slight injury to damage in nerves, tendons and joints [1,2].

The “phenomenon of recall” is the recurrence of the skin toxicity. It occurs due to two possibilities: to be treated with radiotherapy or to have suffered an extravasation prior of some antineoplastic drugs [3].

Regarding to the extravasation, the phenomenon of recall is defined as the reactivation of the damage in the area of a prior extravasation after the next administration of the drug in another point of injection [4].

It has been published after the use of doxorubicin [5,6], doxorubicin liposomal pegilada [7], epirubicin [8], cisplatin9, docetaxel [10,11], Daunorubicin [12], paclitaxel [13] and vinorelbine [14].

Its appearance oscillates between two hours and 2 weeks after the infusion of the drug [5-14]

We present here the first case published of phenomenon of recall with trabectedin.

CASE REPORT

70 years old male diagnosed of poor differentiated retroperitoneal lip sarcoma treated with surgery plus four cycles of doxorubicin 60mg/m2 ev. After that, he presented a mass on the left muscle psoas with bone metastasis. He received palliative radiotherapy in the affected area. After bone and lung progression, four cycles of trabectedin were proposed.

The first infusion was administrated in the left radial vein, with any problems during the process. 10 days later, the patient came into the Onco-Hematology Day Hospital Unit presenting swelling and venous induration, erythema, an increase of the temperature and flaking of the skin in the surroundings of the radial vein. A chemical phlebitis was diagnosed with local reaction to the administration of trabectedin. (Image 1). He was treated with a topical solution of hot Burrow, with a symptomatic and clinical improvement.

A central venous catheter with subcutaneous reservoir was implanted in right pectoral area, in order to continue with the administration of the following dose of trabectedin.

After 21 days of the first cycle of trabectedin, the patient went to the Onco-Hematology
Day Hospital Unit to receive the following dose (through the central venous catheter with subcutaneous reservoir), observing a remarkable improvement of the phlebitis suffered in the treatment earlier.

The patient went back to our unit 10 days later, presenting an increase of symptoms of phlebitis caused by the peripherally administration of the first cycle in the left radial vein. We noted an increase of the erythematous area and the appearance of vesicles. A phenomenon of recall was diagnosed, due to a small extravasation which was unnoticed. (Image2).

There is not any other phenomenon of recall with this drug published in the literature.

**DISCUSSION**

Trabectedin is a vesicant cytostatic, so its administration should be performed through a central venous catheter, although this just reduces the possibility of extravasation [15,16]. According to the few articles published about its extravasation, pain is the first symptom. It usually appears ecchymosis, erythema, swelling and vesicles [17]. There is no known specific antidote.

We currently have few publications regarding to the causes of these phenomenon of recall. It might be a cellular immune response.

It would be of great interest in the future the realization of studies in order to determine the causes of the phenomenon of recall.
REFERENCES


