Hair repigmentation in a patient treating secondary Sezary syndrome.

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Introduction & Objectives:

Some medications have been associated with hair repigmentation, such as ciclosporin, brentuximab, anti PD1/PDL1 immunotherapy, targeted therapies for cancer, thalidomide, immunobiologics for psoriasis and second-generation retinoids. There is a case report of hair repigmentation during treatment with interferon alfa2a and ribavirin for hepatitis C. We describe a case of hair repigmentation in a patient with secondary Sezary syndrome during his treatment with pegylated interferon alfa2a and photopheresis.

Materials & Methods:

Our study was conducted at the department of dermatology in a tertiary care center.

Results:

An 88-year-old patient, with secondary Sezary syndrome T4N0M0B2, monoclonal gammopathy of undetermined significance, renal insufficiency and high blood pressure was referred to our dermatology department in October 2020. He was previously treated with oral corticosteroids and PUVA, without success. He started treatment with photopheresis (cycles of consecutive two days every two weeks) and PUVA. For his comorbidities and pruritus, he was taking allopurinol, esomeprazole, olmesartan, lercanidipine (only if he had blood pressure higher than 150/90mmHg), mirtazapine and gabapentin. During his follow-up, it was seen on PET/CT pathologic lymph nodes enlargement (axillary, iliac and inguinal). Because of pruritus and disease progression, it was added aprepitant, suspended PUVA and gabapentin, and started pegylated interferon alfa2a, at a subcutaneous dose of 90 mcg weekly, for Sezary syndrome T4N3M0B2, in October 2021. In July 2022, he presented a cleared skin, mSWAT0 and was decided to reduce the frequency of photopheresis to one cycle per month, aprepitant was stopped, with maintenance of pegylated interferon. In February 2023, the patient referred that his white hair has been progressively turning grey for the past year. In the last visit, in May 2023, as he continued with good disease control, pegylated interferon was suspended and he stays on photopheresis 1 cycle per month.

Conclusion:

We described hair repigmentation in a patient with Sezary syndrome during treatment with pegylated interferon alfa2a and photopheresis, to which he had a very good response, with clinical control. Pegylated interferon alfa2a may cause hair changes, as hair loss, hair thinning, and debatable, grey hair. Photopheresis has an immunomodulatory effect however its therapeutic mechanism is not well known. No cases of hair colour changes were found related to photopheresis. The mechanism underlying repigmentation in our case needs to be further investigated.