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Keratosis pilaris–like eruption associated with ponatinib therapy: an underrecognized cutaneous adverse effect

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Introduction

Ponatinib is a third-generation tyrosine kinase inhibitor primarily used in patients with chronic myeloid leukemia harboring the BCR-ABL T315I mutation. Although highly effective, tyrosine kinase inhibitors are associated with a broad spectrum of cutaneous adverse effects. Keratosis pilaris–like eruptions are uncommon and remain poorly characterized in patients receiving ponatinib, which may lead to underrecognition and diagnostic uncertainty.

Materials and Methods

A 41-year-old female with a history of chronic myeloid leukemia with T315I mutation, treated with oral ponatinib for two years at alternating doses of 22.5 mg and 45 mg, was evaluated for a diffuse follicular eruption that developed following dose escalation. A complete dermatological examination was performed. Due to the patient's oncologic background and systemic therapy, a skin biopsy was obtained to exclude alternative diagnoses, including disease-related or drug-induced inflammatory reactions.

Results

Physical examination revealed a disseminated dermatosis involving the head, trunk, and upper extremities, characterized by multiple follicular, skin-colored punctate papules on an erythematous background, with a symmetrical distribution. Histopathological analysis showed mild, nonspecific chronic dermatitis without features of infection or severe drug reaction. After exclusion of other causes and considering the temporal relationship with ponatinib dose increase, a diagnosis of keratosis pilaris–like eruption secondary to ponatinib therapy was established. The condition was not life-threatening but was associated with patient discomfort.

Conclusions

Keratosis pilaris–like eruption represents a benign but potentially quality-of-life–impacting cutaneous adverse effect associated with ponatinib therapy. Awareness of this presentation is important to avoid misdiagnosis, unnecessary discontinuation of effective oncologic treatment, and to ensure appropriate dermatologic management. Recognition of the expanding spectrum of tyrosine kinase inhibitor–related skin reactions is essential for optimal multidisciplinary patient care.