RADIATION RECALL DERMATITIS IN BREAST CANCER PATIENTS UNDERGOING RADIOTHERAPY: A SCOPING REVIEW

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INTRODUCTION

Radiation Recall Dermatitis (RRD) is a rare and not fully understood phenomenon observed in patients who have undergone radiotherapy (1,2,3). This study aims to map the evidence concerning RRD in breast cancer patients previously undergoing radiotherapy.

METHODS

This is a scoping review following the JBI Collaboration (JBIC) methodology. The research question was formulated with PCC strategy: Patient (breast cancer patients previously undergoing radiotherapy), Concept (RRD), and Context (exposure to a particular agent with the development of reaction).

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Primary and secondary studies published in any language, without restriction on publication year, were included.

RESULTS

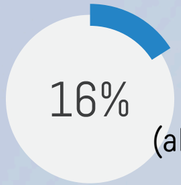
79 articles with 87 descriptions of RRD

Antineoplastic agents (include chemotherapy, targeted therapy, immunotherapy, and endocrine therapy)

A minority (20.68%) of cases involve RRD induced by non-antineoplastic agents, such as antimicrobials, contrasts, antihypertensives, vaccines, and infectious diseases

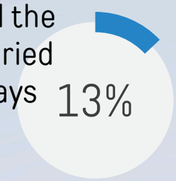
RESULTS

Chemotherapy emerged as the primary causative agent within the antineoplastic category, with 39 cases (44.82%) of RRD



Docetaxel
(alone or in combination)
14 cases
The time interval until the occurrence of RRD varied between 2 and 68 days

Trastuzumab
11 cases
The time interval until the occurrence of RRD varied between 1 and 161 days



CONCLUSIONS

Antineoplastic agents represent the primary therapeutic approach for breast cancer patients. RRD may result in erythema, desquamation, edema, pruritus, pain, urticaria, vesicles, necrosis, ulceration, and hemorrhage, which can compromise the quality of life for these patients. Understanding the incidence, etiologic, and predictive factors for developing RRD is crucial for planning its management.

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