

NAIL LOSS: A TERIFLUNOMIDE UNPRECEDENTED ADVERSE EVENT

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Introduction

Teriflunomide is a new therapeutic option for Relapsing Remitting Multiple Sclerosis (RR-MS). With its oral route of administration, it is an alluring opportunity especially for patients who do not tolerate injective therapies or suffer from needle phobia. Hair thinning represents one of its most common adverse events.

Objective

To report a case of nail loss under teriflunomide treatment.

Case report

A 55 years old woman with MS initiated teriflunomide in May 2015. Three months later, the patient began to manifest mild hair loss, followed a few weeks later by progressive loss of finger nails. In detail, two nails in her right hand had dropped off (one of these showing signs of initial regrowth, fig. 1), and two in the left hand presented lack of growth in the matrix, a condition termed onichomadesis (fig. 2). Furthermore, almost all of the remaining nails showed thinning and progressive detachment from their bed. Hair loss persisted as well, and the patient denied intake of new drugs, use of different soap or other cosmetic products. At referral an expert dermatologist excluded nail mycosis, psoriasis and other possible etiologies of nail dystrophy, also confirming that the hypothesis of a causal relationship with teriflunomide treatment was highly probable. As a consequence, the drug was promptly discontinued and the patient was treated with oral cholestyramine, in order to accelerate the elimination of this very long half-life drug. The patient started dimethyl-fumarate a few weeks after teriflunomide discontinuation, with subsequent progressive regrowth and normalization of her nails, strengthening the cause/effect relationship with the previous use of teriflunomide.

Fig. 1: right hand



Fig. 2: left hand



Discussion

To date, there are no published reports of nail loss associated with teriflunomide treatment. Based on the following considerations, we do believe that this effect represents a new adverse event of this molecule: first, time relationship between event onset and starting treatment; second, a progressive development consistent with nail matrix growth; third, absence of any other modification of treatment, diet, cosmetics used by the patient; fourth, simultaneous presence of hair loss, which most probably shares the same pathophysiological mechanism; fifth, exclusion of other possible etiologies by the dermatologist and, last, reversibility at drug discontinuation.

Conclusion

MS specialists should be aware of this potential adverse event, which might represent a new cause of teriflunomide discontinuation.

Reference

Comi G. et al "Pooled safety and tolerability data from four placebo-controlled teriflunomide studies and extensions." *Mult Scler Relat Disord.* 2016 Jan;5:97-104.