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Hand–foot syndrome has been reported after therapy with various antineoplastic agents, most commonly cytarabine, liposomal doxorubicin, capecitabine, 5-fluorouracil, sorafenib and sunitinib. Increased metabolism of capecitabine in the palms may contribute to the local reaction; as may the concentration of docetaxel in eccrine glands in the palms and soles. Management involves stopping therapy with the implicated drug, analgesia, and preventing superinfection.

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SNAPSHOT

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