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EPIDERMOLYSIS BULLOSA MEDICAMENTOSA ON PEMBROLIZUMAB, A CASE REPORT

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Objective: INTRODUCTION: Monoclonal antibodies (mAb) targeting immune checkpoint pathways such as cytotoxic T-lymphocyte-associated protein 4 (CTLA-4) and programmed death 1 (PD-1) may confer durable disease control in several malignancies. In some patients, immune checkpoint cause cutaneous immune-related adverse events. Although the most commonly reported cutaneous toxicities are mild, a subset may persist despite therapy and can lead to severe or life-threatening toxicity. We present a patient who developed epidermolisi bullosa medicamentosa after one cycle of immunotherapy pembrolisumab.

CASE REPORT: 65-year old female patient was examined in neurological emergency room due to weakness of the right hand. Brain MR scan revealed three CNS metastasis and consolidation of the right lower lobe on the chest x-ray. During the hospitalization on our clinic complete diagnostic processes verified adenocarcinoma EGFR negative, ALK negative, PD-L1 > 50% (90%), IV stage (T4N0M1c). Unfortunately, pt had synchronous invasive breast carcinoma (ER, PR 100%, Her2 neg). SBRT for CNS metastasis was conducted, hormone therapy for breast cancer and immunotherapy with pembrolizumab for lung cancer have started. Six days after first cycle of pembrolizumab pt was examined in ER due to exacerbated skin, mucosal fragility and blister formation on upper extremities and gluteal region, clinically indicates as iRAE -Epidermolysis bullosa medicamentosa. Skin biopsy was made, patohistological analysis is not over yet.
Pt is hospitalized in Intensive care unit, clinically stable.

CONCLUSION: To the best of our knowledge, a case as we describe has not previously been documented with pembrolizumab or alternative PD-1-targeted therapies in lung cancer. Despite the radical impact it has had on patient care, a tremendous amount of uncertainties remains in the era of immune oncology. When unexpected complications arise for patients on the checkpoint-directed therapy, clinicians must remain ever mindful that an unanticipated autoimmune-mediated complication of therapy may be involved. Early recognition and appropriate management of these adverse effects is important and may prompt initiation of life-saving therapy.