



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## **A CASE OF TOXIC EPIDERMAL NECROLYSIS (TEN) FOLLOWING THE INITIATION OF COMBINATION IMMUNOTHERAPY IN THE TREATMENT OF METASTATIC MALIGNANT MELANOMA**

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**Background:** Combination therapy with biological agents has been shown to be effective in the treatment of advanced metastatic melanoma however literature and clinical studies support that there is a substantial side effect profile associated, particularly when compared to monotherapy. Skin and gastrointestinal adverse effects have been identified as the most commonly associated immune related adverse events (irAEs), with skin reactions most commonly presenting as a grade 1-2 rash, pruritis and vitiligo.

**Observation:** There is limited literature surrounding more severe or life-threatening cutaneous events as they remain infrequent. A few existing case reports have focused on life threatening cutaneous events such as toxic epidermal necrolysis (TEN) in patients who have been treated with nivolumab alone however no such case reports exist for patients on combination therapy. Here we focus on a 61 year old gentleman with stage IV melanoma, who subsequently developed biopsy confirmed TEN (Scorten score = 2), 4 weeks after the initiation of combination therapy with nivolumab and ipilimumab. Management of this patient involved transfer to the burns unit and administration of IV methylprednisolone, IV immunoglobulins and infliximab. Fortunately, he was able to make a full recovery.

**Key Message:** With increasing clinical use of the combination of nivolumab and ipilimumab due to prolonged progression-free survival (PFS) and a higher objective response rate (ORR) there lies an increasing responsibility for physicians to monitor for adverse effects and commence treatment promptly and appropriately. This case report intends to demonstrate that more uncommon yet life-threatening adverse skin reactions to combination therapy do occur in clinical practice and therefore awareness by treating physicians remains important.

