



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DERMATOLOGICAL TOXICITIES OF IMMUNE CHECKPOINT INHIBITORS: CLINICAL MANIFESTATIONS, DIAGNOSIS AND PRINCIPLES OF THERAPY IN THE CONTEXT OF OWN OBSERVATION

Nikolay Potekaev⁽¹⁾ - Anna Michenko⁽²⁾ - Andrey Lvov⁽¹⁾ - Mikhail Kochetkov⁽¹⁾ - Igor Utyashev⁽³⁾

Moscow Scientific And Practical Center Of Dermatovenereology And Cosmetology Of Moscow City Health Department, Department Of Clinical Dermatovenereology And Cosmetology, Moscow, Russian Federation⁽¹⁾ - Moscow Scientific And Practical Center Of Dermatovenereology And Cosmetology Of Moscow City Health Department, Department Of Clinical Dermatovenereology And Cosmetology, Moscow, Russian Federation⁽²⁾ - N.n. Blokhin National Medical Research Center Of Oncology, Department Of Biotherapy, Moscow, Russian Federation⁽³⁾

Background: Recent advances in development of anti-tumor drugs improve outcomes for patients but treatment is associated with specific side effects including dermatological toxicity. Clinical manifestations are determined by mechanism of action of the offending drug. Severe skin rash (grade 3-4 according to NCI CTCAE v. 4.03) requires cessation of immunotherapy.

Observation: A case of dermatological toxicity of immune checkpoint inhibitor nivolumab in patient successfully treated for conjunctival melanoma with brain metastases is presented. Patient applied during the course of therapy with nivolumab with mild papular rash on face and few elements on trunk without any subjective sensations. She reported about skin rash grade 2 that developed during first month of immunotherapy and resolved after treatment with systemic steroids. Facial rash resolved after 2 weeks of topical treatment with hydrocortisone crème and zinc paste twice daily.

Key message: Skin rash and itch are among the most frequent side effects of immune checkpoint inhibitors and develop in up to 45% of patients. Most often rash is presented with reticular, erythematous, oedematous, macular-papular or lichenoid skin lesions that can be accompanied by eosinophilia in complete blood count. Histopathology reveals perivascular lymphocytic and eosinophilic infiltrate in superficial dermis and epidermis. In rare cases immune checkpoint inhibitors exacerbate preexisting dermatoses (lupus, pemphigoid, eczema, alopecia etc.) or cause new rare dermatological disorders (Sweet





disease, pyoderma gangrenosum, dermatomyositis etc.). Most severe form of skin toxicity is toxic epidermal necrolysis. But in most cases severity of skin rash is grade 1-2 according to NCI CTCAE v. 4.03, do not require cessation of immunotherapy and have a good prognosis.

