



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## PEMBROLIZUMAB-ASSOCIATED SARCOIDOSIS

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**Background:** Immunotherapy has played a key role in the treatment of metastatic melanoma. Despite its relatively safe profile, it entails a new spectrum of adverse events that are mostly immune related. Cutaneous toxicities are among the most prevalent reactions and early recognition is crucial for appropriate management.

**Observation:** A 62-year-old female with pulmonary metastatic melanoma was placed on pembrolizumab, 200 mg intravenously every 3 weeks. Approximately 3 months after starting pembrolizumab, the patient presented to the dermatology clinic with asymptomatic, erythematous, annular plaques on her back and arms. Dermoscopy showed linear vessels overlying aggregated translucent orange globular-like structures. Cutaneous biopsy revealed granulomas in the dermis composed of epithelioid histiocytes and multinucleate giant cells with only a sparse infiltrate of lymphocytes at the periphery. Special stain for acid-fast bacterial and fungal organisms was negative. The evaluation by thoracic computed tomography demonstrated marked mediastinal lymphadenopathy. Fine needle aspiration of the lymph nodes revealed non-caseating granulomatous inflammation without evidence of malignancy. The patient was diagnosed with stage II sarcoidosis.

**Key message:** The cutaneous adverse events associated with anti-PD-1 monoclonal antibodies, such as pembrolizumab and nivolumab, occur in about 40% of patients, including lichenoid reactions, eczema, vitiligo and pruritus. Sarcoidosis-Like reactions induced by the PD-1 inhibitors are rare, with 22 cases reported in the literature, of which 12 had cutaneous involvement. It can occur, on average, 4 months after the start of treatment, and usually regresses with its suspension.

