



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

VITILIGO AND PEMBROLIZUMAB- A CASE REPORT OF DEPIGMENTED SKIN LESIONS ASSOCIATED WITH PEMBROLIZUMAB TREATMENT FOR METASTATIC MELANOMA

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Background: The treatment of metastatic melanoma with anti-PD-1/PD-L1 immune checkpoint antibodies (nivolumab, pembrolizumab) leads to immune-related adverse events in 40% of the cases. Dermatologic complications of anti-PD-1/PD-L1 antibodies includes nonspecific macular papular rash, pruritus, lichenoid dermatitis, psoriasis, vitiligo, etc.

Observation: Herein we present a case report of vitiligo in a 52-year old female Caucasian patient treated with pembrolizumab due to metastatic melanoma. The pathologic lesions were presented by bilateral depigmented patches over the dorsal aspect of the hands and on the neck. The patient did not report any personal or family history of vitiligo, thyroiditis, or other autoimmune disorders. These changes has been presented 4 months after initiating therapy with pembrolizumab. She has continued with the immunotherapy due to positive tumor response.

Key message: The risk of developing pigmentary changes during treatment with targeted anticancer therapies is significant. Vitiligo is often described in melanoma patients but has not been reported in other types of solid cancers. In recent studies the incidence was estimated to be 8.3 and 7.5% for pembrolizumab and nivolumab, respectively. The therapy may lead also to disappearing of pigmented skin lesions like melanocytic nevi, lightening of the skin, and poliosis of the eyebrows, eyelashes and scalp and body hair. Otherwise recent analysis has found that the depigmented patches in patients receiving immunotherapy differ from real vitiligo. Further investigations are required to elucidate the exact pathophysiologic mechanism. Moreover according to some authors there is a positive correlation between the development of vitiligo and the objective tumor response. Therefore the interdisciplinary approach between oncologists and dermatologist is crucial for optimal patient care and to avoid unnecessary cessation of anti-cancer therapies.

