AUTOIMMUNE BULLOUS DISEASES

BOLLOUS PEMPHIGOID AND NIVOLUMAB: DERMATOLOGIC MANAGEMENT TO SUPPORT AND CONTINUE ONCOLOGIC THERAPY

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Background: Immune checkpoint inhibitors are new drugs approved for the treatment of many type of malignancies, such as lung cancer, melanoma and renal cancer. These monoclonal antibodies are directed against inhibitory immune receptors CTLA-4 (ipilimumab) and PD-1 (nivolumab and pembrolizumab) and can improve the immune function of T-cells, resulting in significant clinical benefit in multiple cancer types. Despite their wide use and unquestionable clinical benefits, these agents have been also associated with a unique spectrum of side effects known as immune-related adverse events (irAE). We report a case of bollous pemphigoid (BP) triggered during nivolumab therapy in a patient affected by nonsmall cell lung cancer.

Observation: A 60-year-old man presented to our outpatient for oncological patients with numerous large, tense bullae, erythematous patches studded of small vesicles associated with round erosions on the thighs and lower legs and right arm. One year before presentation, the patient started treatment with nivolumab (3mg/kg every 2 weeks) for a non metastatic nonsmall cell lung cancer (NSCLC). A skin biopsy specimens taken from a new blistering rash showed a mixed dermal inflammatory infiltrate with eosinophils and eosinophilic spongiosis consistent with BP. Nivolumab was not discontinued and the patient was treated with oral prednisone (50 mg/day) and topical fucidic acid plus betamethasone valerate cream twice daily.

Key message: Blistering skin disorders are not commonly associated with immune checkpoint mAb therapy. To our knowledge there are only nine previously reported cases of nivolumab-induced BP and the pathophysiological mechanism remains unclear. Clinical course was different from traditional drug-induced BP, which usually improves with the suspension of the causal agent. Close collaboration between dermatologists and oncologists is essential to allow the patient to continue the anti-tumor therapy despite the cutaneous irAE.