



HAIR DISORDERS

## NIVOLUMAB-INDUCED ALOPECIA AREATA: A REVERSIBLE FACTOR OF GOOD PROGNOSIS?

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**Background:** Immune checkpoint inhibitors are a new class of anticancer therapies. Cutaneous immune adverse events have been frequently reported. Alopecia areata (AA) or universalis is a rare side effect. It occurs in 1 to 2% of the patients. We present 4 cases of AA after treatment with nivolumab (anti-programmed cell death protein-1 or anti-PD-1) for metastatic melanoma and lung cancer.

**Observation:** Four female patients aged between 29 and 64-years-old with metastatic lung adenocarcinoma (n=2) and metastatic melanoma (n=2) were treated with nivolumab in combination with ipilimumab in two cases, after the failure of the usual therapeutics. Non scarring alopecic patches appears on the scalp after 3, 8, 9 and 25 infusions of nivolumab. Clinical, dermoscopic and histological data were concordant with alopecia areata. Vitiligo like lesions appeared in one case. Treatment included topical and intralesional corticosteroids while the nivolumab was continued. A regrowth of hair with poliosis was noted in three cases. 30, 26, 15 and 14 months after introduction of nivolumab, cancers were still in remission.

**Key messages:** Nivolumab-induced alopecia areata can be reversible with topical or intralesional corticosteroids if treated early, while the immune checkpoint inhibitor is not discontinued. This alopecia could be associated with durable response to immune checkpoint inhibitors. Similarly to vitiligo like lesions, nivolumab-induced alopecia areata could be a factor of good prognosis in melanoma.

