



MELANOMA AND MELANOCYTIC NAEVI

ACUTE MEDULLAR COMPRESSION AND PSEUDOPROGRESSION IN A PATIENT TREATED WITH NIVOLUMAB AND IPILIMUMAB FOR METASTATIC MELANOMA

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Case report: A 58-year-old male with metastatic NRAS-mutant melanoma was treated with the combination of nivolumab (1mg/kg) and ipilimumab (3mg/kg) infusions every 3 weeks. After the first infusion, he presented tongue deviation and acute spinal cord compression due to progression of sphenoidal and vertebral (Th12 to L4) metastases for which he underwent radiation treatment. Immune checkpoint inhibitors were pursued and after the third infusion, he presented acute spinal cord compression with weakness of the left leg due to progression of vertebral metastasis (Th8) for which he underwent radiation treatment. Immunotherapy was pursued in the absence of alternative. CT-scan evaluation performed after the fourth infusion of the Nivo and Ipi combination therapy showed progression of the disease with stability of hepatic metastases associated with eosinophilia. Pseudoprogression was suspected and the monotherapy of nivolumab was pursued. CT-scan evaluation performed after two infusions of nivolumab monotherapy showed radiological response with 60% reduction of tumour lesions according RECIST criteria. The diagnosis of pseudoprogression associated with immune checkpoint inhibitors was made.

Conclusion: This case highlights the difficulty to analyse disease evolution with immune checkpoint inhibitors and the possibility of delayed response.

